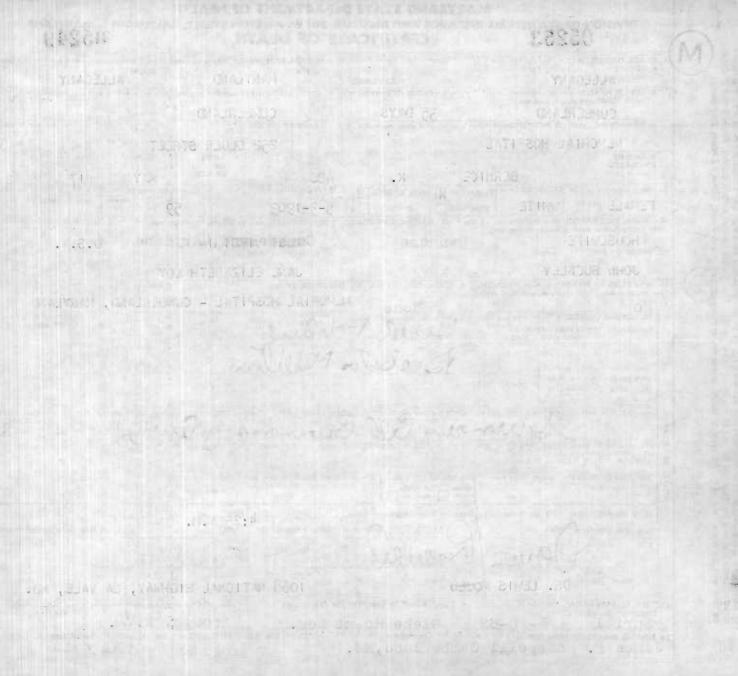
death. To HOSI SAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. Thin 24 hours after death. The may be retained by the hospital or altending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remoyal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05253 CERTIFICATE OF DEATH 115249

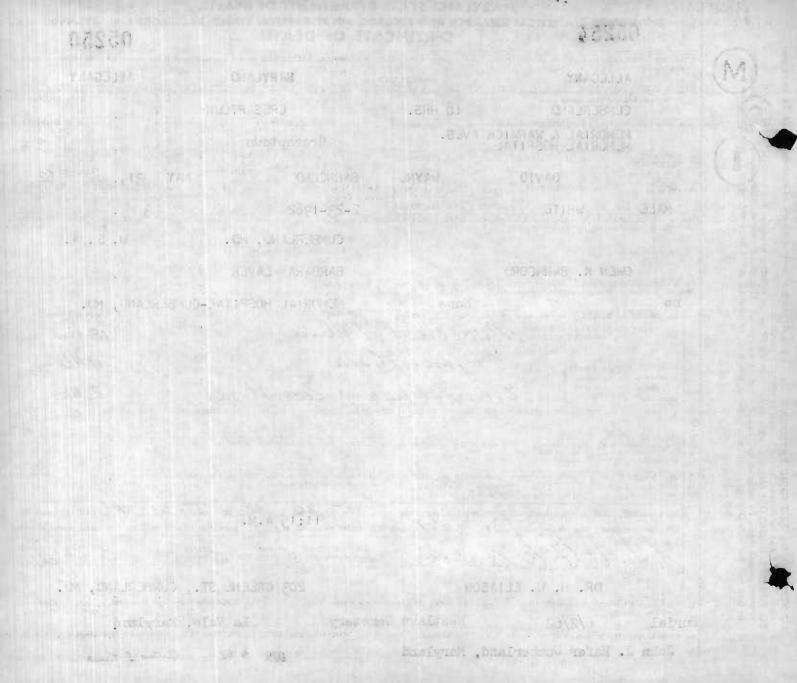
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)								
a. COUNTY ALLEGANY		MARYLAND	a. STATE MA	RYLAND	b. COUN	ALLEGAN	JY.				
b. CITY OR TOWN (if outside corp		c. LENGTH OF STAY IN 16			rporate limits, writ	e RURAL end give	neerast town)				
write RURAL end give nearest	town)	35 DAYS	12. 011	MBE RLAND							
d. NAME OF HOSPITAL OR INSTI	TUTION (if not in hos		d. STREET ADDR		,		. IS RESIDI	ENCE			
MEMORIAL HOS				2 ELDER	STREFT		YES NO	ARM?			
3. NAME OF DECEASED	First	Middle	Last	4. DATE		h Day	Year	-11			
(Type or print)	BERNICE	к.	ABE	DEAT	MA			52_			
5. SEX 6. COLOR	OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In years last birthday)						
FEMALE WHIT			5-3-1903		59 угз.	Months Days	Hours M	Ain.			
10a. USUAL OCCUPATION (Give kindone during most of working life, eve	d of work 10b. K	IND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (County & State, o	or foreign country)	12. CITIZEN	OF WHAT COU	NTRY?			
HOUSEWIFE		wnhome	Cumber	land M	aryland	U.S.	Α.				
13. FATHER'S NAME			14. MOTHER'S MAL			0.0.					
JOHN BUCKLEY			JANE	ELIZABET	'H LOY						
15. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16.		INFORMANT		Address						
_ No		None M	EMORIAL HO	SPITAL -	CUMBERL	AND, MAR	RYLAND				
18. CAUSE OF DEATH [Enter		NSET AND DEAT									
PART I. DEATH WAS CAUS	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)										
260X DUE TO D. O. P. C. MILL'S											
Conditions, if eny, which (b)											
gave rise to immediate cause (e), stating the underlying DUE TO											
causa last.	(c)										
PART II. OTHER SIGNIFICAN		TRIBUTING TO DEATH BUT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1(a)	19. WAS AUTO	OPSY			
14	arran a	1 00 1 au	MANIANIA	to ar	lime	1.	YES NO	rida .			
PART II, OTHER SIGNIPICAN 20e. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF		CRIBE HOW INJURY OCCURED	. (Enter netura of injur	y in Part I or Can	Il of item 1B.)	9					
,											
101	, Day, Yeer 20d. While		CE OF INJURY (Home, lary, street, office bldg.		ity or town)	(County)	(Stet	te)			
Hour a.m.	19 at wor		ory, moor, orner orag.	, 0.0.,							
21. I certify that (I) (this	s hospital) attend	ded the deceased from,		12	9	, 19,	that (I) (we) last			
21. I certify that (I) (this saw the deceased alive of	n K	19 and that	death occured a	4:27 A	m the causes	and on the	date stated at	bove.			
22a. SIGNATURA							22b. D/				
THE	Mlen V	elull "	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		21	GNEU			
22c. PHYSICIAN'S			22d. ADDRESS								
NAME (Type) DR. L	EWIS MOUL	Э	1068 1	VATIONAL	HIGHWAY	, LA VAL	E, MD				
23a. BURIAL, CREMATION, 23b. D	ATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, to	wn or county)	(State)				
	-20-62	Glebe Ro u	t Cem.	Tro	ugh, W.	Va.					
24 FUNERAL DIRECTOR'S SIGNATUR	RE	ADDRESS	25a,		STRAR 25b. RE	GISTRAR'S SIGNA	ATURE				
James F. Scarp	pelli Cur	mberland, Md.	DAT	MAY 2 2	'62	author 8. 1	trave				



1.	PLACE OF DE	ATH			2. USUAL RESIDE	NCE (Where dece	ased lived, If I	nstitution; Resider	ce before admission
	e. COUNTY	LLEGANY		MARYLANI	e, STATE	RYLAND	b. COUNT	ALLEG	ANY
	b. CITY OR TOW	VN (if outside corporate and give nearest town	limits,	c. LENGTH OF STAY IN		(If outside corpora	ste limits, write	RURAL end giva	nearast town)
		UMBE RLAND	',	18 HRS.	X	RESAPTOW	N		
		EMORIAL & V		n hospital, give street eddress)	d. STREET ADDRES	S			. IS RESIDEN
	M	EMORIAL HOS		L AVES.	Cresap				YES NO
3.	NAME OF DECEASED		First	Middle	Last	4. DATE OF	Month	Day	
	(Type or print)	DA	VID	WAYNE	BARNCORD	DEATH	MAY	31.	19 62
5.	. SEX	6. COLOR OR R	ACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH		AGE (In yeers last birthday)	Months Days	Hours Min
	MALE	WHITE		OWED DIVORCED	2-23-1962		yrs.	3	
10	De. USUAL OCCU lane during most o	PATION (Give kind of f working life, even if	work 10	Ob. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Co	unty & State, or lo	reign country)	12. CITIZEN	OF WHAT COUNT
					CUMBERLA			U. S	. A.
13	3. FATHER'S NAM	NE .			14. MOTHER'S MAIDE	N NAME			
		WEN K. BAR			BARBARA	WEAVER			
15 (Y	es, no, or unkown	EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO. 17	7. INFORMANT		Address		
,	no	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None	MEMORIAL	HOSPITAL	-CUMBE	RLAND. M	D.
	18. CAUSE O	F DEATH Enter only	one cause	per line for (e), (b), end (c).]	1 10			IN	TERVAL BETWEEN
	PART I. D	EATH WAS CAUSED B	Y ₁ E (e)	usocorreal	Tailure			11	3 hrs
1	And the		- 1 7 0 0 0						
	1752	Y DUE	E TO	0/	0				2 211
	752 Conditions, if		E TO (b)	I Lybro ce pi	lam			3	3 Mos.
	gave rise to imm	any, which mediate cause	E TO (b)	Hydro cepi	ham 9			3	3 Mos.
		any, which mediate cause	(b) b	Heyrso ce po	ham & Ene	e phocl		3	3 Mos.
NO	gave rise to imm (a), stetling the cause last.	any, which mediate cause	(b) b E TO Z	Lesson + Char CONTRIBUTING TO DEATH BUT	iaece in & Tuce	eflocl	ONDITION GIV	EN IN PART I(a)	3 Mos. 2 Mos.
ATION	gave rise to imm (a), stetling the cause last.	any, which mediate cause underlying	(b) b E TO Z	Hydro ee por Eleson + Repail CONTRIBUTING TO DEATH BUT	Lacu r & Luc not becated to the term	RALO EL	DUDITION GIV	EN IN PART I(a)	3 Mos. 19. WAS AUTOP: PERFORMEDI YES NO [
TIFICATION	gave rise to imm (a), steting the cause last.	any, which modiate cause a underlying DUI THER SIGNIFICANT CO	(b) E TO (c) CONDITIONS	Lesson + Charles CONTRIBUTING TO DEATH BUT	THE PERSON NAMED IN THE PERSON			EN IN PART I(a)	PERFORMED?
CERTIFICATION	gave rise to imm (a), steting the cause last.	any, which mediate cause e underlying DUI	(b) E TO C (c) E TO NOITIONS		THE PERSON NAMED IN THE PERSON			EN IN PART I(a)	PERFORMED?
CERTIF	pave rise to imm (a), stefing the cause last. PART IL O' 20e. ACCIDENT OR CONTRIBUT (IF EITHER, NO'	any, which modiate cause e underlying THER SIGNIFICANT CO	(b) E TO (c) E TO ATH NER)	DESCRIBE HOW INJURY OCCU	IRED. (Enter nature of injury PLACE OF INJURY (Home, f	in Part I or Pert II o	f item 18.)	EN IN PART 1(a)	PERFORMED?
CERTIF	gave rise to imm (a), steffing the cause last. PART IL O' 20e. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF I Hour a.	any, which mediate cause e underlying THER SIGNIFICANT CO T WAS UNDERLYING ING CAUSE OF DETITY MEDICAL EXAMINITY MONTH, Deg. m.	(b) E TO (c) E TO (c) E TO (d)	DESCRIBE HOW INJURY OCCU 20d. INJURY OCCURRED 20e. WhileNot While	IRED. (Enter nature of injury	in Part I or Pert II o	f item 18.)		PERFORMED
MEDICAL CERTIFICATION	gave rise to imit (a), steffing the cause last. PART IL O' 20e. ACCIDENT OR CONTRIBUT (IF EITHER, NO' 20c. TIME OF I Hour a.	any, which mediate cause e underlying THER SIGNIFICANT CO T WAS UNDERLYING ING CAUSE OF DETIFY MEDICAL EXAMI INJURY Month, Dey. m.	(b) E TO (c) E TO (c) ATH NER) 20b.	DESCRIBE HOW INJURY OCCU 20d. INJURY OCCURRED 20e. While Not While et work	PLACE OF INJURY (Home, fractory, street, office bldg.,	erm, 20f. (City c	f item 18.)	(County)	PERFORMED YES NO (Stete)
CERTIF	gave rise to imit (a), steting the cause last. PART IL O' 20e. ACCIDENT OR CONTRIBUT (IF EITHER, NO' 20e. TIME OF I Hour a. p.	any, which mediate cause e underlying THER SIGNIFICANT CO T WAS UNDERLYING ING CAUSE OF DETITY MEDICAL EXAMINITY Month, Degram. Two that (1) (this hear)	(b) E TO (c) E TO (c) ATH NER) 20b.	DESCRIBE HOW INJURY OCCU 20d. INJURY OCCURRED 20e. While Not While et work	PLACE OF INJURY (Home, fractory, street, office bldg.,	erm, 20f. (City c	f item 18.) or town)	(County)	YES NO (Stete)
CERTIF	gave rise to imit (a), steting the cause last. PART IL O' 20e. ACCIDENT OR CONTRIBUT (IF EITHER, NO' 20c. TIME OF I Hour a. p. 21. I certif saw the deco	any, which modiate cause e underlying THER SIGNIFICANT CO T WAS UNDERLYING ING ING INCAUSE OF DETITY MEDICAL EXAMINITY Month, Degree with the control of t	(b) E TO (c) E TO (c) ATH NER) 20b.	DESCRIBE HOW INJURY OCCU 20d. INJURY OCCURRED 20e. While Not While et work	PLACE OF INJURY (Home, fractory, street, office bldg.,	erm, 20f. (City c	f item 18.) or town)	(County)	YES NO (Stete
CERTIF	gave rise to imit (a), steting the cause last. PART IL O' 20e. ACCIDENT OR CONTRIBUT (IF EITHER, NO' 20e. TIME OF I Hour a. p.	any, which modiate cause e underlying THER SIGNIFICANT CO T WAS UNDERLYING ING ING INCAUSE OF DETITY MEDICAL EXAMINITY Month, Degree with the control of t	(b) E TO (c) E TO (c) ATH NER) 20b.	DESCRIBE HOW INJURY OCCU 20d. INJURY OCCURRED 20e. While Not While et work	PLACE OF INJURY (Home, frectory, street, office bldg., hat death occurred at	erm, 20f. (City cetc.) to	or town) the causes STAFF	(County)	YES NO (Stete) that (I) (we) date stated abo
CERTIF	pave rise to imm (a), steting the cause last. PART IL O' 20e. ACCIDENT OR CONTRIBUT (IF EITHER, NO' 20c. TIME OF I Hour a. p. 21. I certif saw the dec 22a. SGNAT	any, which modiate cause e underlying THER SIGNIFICANT CO T WAS UNDERLYING ING CI CAUSE OF DEATIFY MEDICAL EXAMINING Month, Death of the common of the com	(b) E TO (c) E TO (c) ATH NER) 20b.	DESCRIBE HOW INJURY OCCU 20d. INJURY OCCURRED 20e. While Not While et work	PLACE OF INJURY (Home, fractory, street, office bldg., other death occurred at M.D. ATTENDING PHYS.	erm, 20f. (City celc.)	or town)	(County)	YES NO (Stete) that (I) (wa) date stated about 22b. DAT
CERTIF	gave rise to imit (a), steting the cause last. PART IL O' 20e. ACCIDENT OR CONTRIBUT (IF EITHER, NO' 20c. TIME OF I Hour a. p. 21. I certif saw the deco	any, which modiate cause e underlying THER SIGNIFICANT CO T WAS UNDERLYING ING CI CAUSE OF DEATIFY MEDICAL EXAMINING Month, Death of the comment of the co	(b) E TO (c) CONDITIONS ATH (20b. ATH (NER)) (19 0 ospital)	DESCRIBE HOW INJURY OCCU 20d. INJURY OCCURRED 20e. While Not While the work the deceased from the de	PLACE OF INJURY (Home, frectory, street, office bldg., other death occurred at M.D. ATTENDING PHYS. 22d. ADDRESS	erm, 20f. (City cetc.) , 100, to MED. DIRECTOR	or town) STAFF PHYS.	(County) , 19, and on the c	YES NO (Stete) that (I) (wa) date stated above 22b. DAT
MEDICAL CERTIF	gave rise to imm (a), steting the cause last. PART IL O' 20e. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF I Hour a. p. 21. I certiff saw the dec 22a. SIGNATE 22c. PHYSICIA NAME (T	any, which modiate cause e underlying THER SIGNIFICANT CO TWAS UNDERLYING ING EL CAUSE OF DE- TIFFY MEDICAL EXAMI INJURY Month, Dey .m. Ty that (I) (this hor coessed alive opposed alive opposed alive opposed by the coessed by the co	(b) E TO C (c) C C C C C C C C C C C C C C C C C C C	DESCRIBE HOW INJURY OCCURRED 200. 20d. INJURY OCCURRED 200. While Not While at work at the deceased from 19	PLACE OF INJURY (Home, fractory, street, office bldg., othat death occured at ATTENDING PHYS. 22d. ADDRESS	erm, 20f. (City of etc.) 20f. (City of etc.) 20f. (City of etc.) 20f. (City of etc.) 40 Med. Med. DIRECTOR GREENE	or town) the causes STAFF PHYS. CUI	(County) , 19, and on the company MBERLAND	YES NO (Stete) that (I) (wa) date stated above 22b. DAT
MEDICAL CERTIF	gave rise to imm (a), steting the cause last. PART IL O' 20e. ACCIDENT OR CONTRIBUT (IF EITHER, NO' 20c. TIME OF I Hour a. P. 21. I certif saw the dec 22a. SIGNAU. 22c. PHYSICIA NAME (T.	any, which mediate cause e underlying THER SIGNIFICANT CO TWAS UNDERLYING ING CAUSE OF DEATH THEY MEDICAL EXAMINING TWAS UNDERLYING ING CAUSE OF DEATH THEY MEDICAL EXAMINING THEY MATTON, 23b, DATE THEY MATTON, 23b, DATE	(b) E TO C (c) C C C C C C C C C C C C C C C C C C C	DESCRIBE HOW INJURY OCCU 20d. INJURY OCCURRED 20e. While Not While of work at work and the deceased from 19	PLACE OF INJURY (Home, fractory, street, office bldg., that death occured and the phys. ATTENDING PHYS. 22d. ADDRESS RY OR CREMATORY	erm, 20f. (City of the color) 20f. (City of th	or town) STAFF PHYS. CUI	(County) And on the county MBE RLAND on or county)	PERFORMEDI YES NO (Stete) that (I) (wa) date stated about 22b. DAT
MEDICAL CERTIF	gave rise to imit (a), steting the cause last. PART IL O' 20e. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF I Hour a. P. 21. I certif saw the decent of the cause of	any, which modiate cause e underlying THER SIGNIFICANT CO TWAS UNDERLYING ING CAUSE OF DEATHER MONTH, Deather	(b) E TO C (c) C C C C C C C C C C C C C C C C C C C	DESCRIBE HOW INJURY OCCU 20d. INJURY OCCURRED 20e. While Not While et work attended the deceased from 19 and the second from 19 and the	PLACE OF INJURY (Home, fractory, street, office bldg., office bldg., hat death occured and the property of the	erm, 20f. (City of etc.) 20f. (City of etc.) 4 Med. DIRECTOR 123d. LOCAT	or town) the causes STAFF PHYS. CUI ION (City, tow	(County) And on the company MBE RLAND on or county) ryland	PERFORMEDI YES NO (Stete) (Stete)
MEDICAL CERTIFI	gave rise to imm (a), steting the cause last. PART IL O' 20e. ACCIDENT OR CONTRIBUT (IF EITHER, NO' 20c. TIME OF I Hour a. P. 21. I certif saw the dec 22a. SIGNAU 22c. PHYSICIA NAME (T 3a. BURIAL, CREA REMOVAL (Spe	any, which mediate cause e underlying THER SIGNIFICANT CO T WAS UNDERLYING ING CAUSE OF DEATH THEY MEDICAL EXAMINING THEY MATTON, 23b, DATE MEDICAL TOPICS SIGNATURE	(b) E TO (c) SONDITIONS ATH 20b. NNER) 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DESCRIBE HOW INJURY OCCU 20d. INJURY OCCURRED 20e. While Not While of work at work and the deceased from 19	PLACE OF INJURY (Home, fractory, street, office bldg., office bldg., hat death occured and the property of the	erm, 20f. (City cetc.) 20f. (C	or town) the causes STAFF PHYS. CUI TON (City, tow	(County) And on the company MBE RLAND on or county) ryland	YES NO (Stete) that (I) (wa) date stated about 22b. DAT O (Stete)

hin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH



RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Allegany MARYLAND Maryland Allegany director. I b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Frostburg Lifetime Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Miners Hospital Spring 65 YES NO X 3. NAME OF Middle 4. DATE Month Dev Year DECEASED OF (Type or print) DEATH EDWARD BITTNER1962 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Days House WIDOWED DIVORCED 10-7-1876 85 ge 5 and within ive Pages 1, 2 PM3. Page . 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Carpenter (Retired) Building U.S.A. Wittenburg, 13. FATHER'S NAME File David Bittner Sarah Ellen Shaffer 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Frostburg, Md. (Yes, no, or unkown) | (If yes give wer or detes of service) with 51 Mill Street. Nevin 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). " in pencil in It Office along burial-transit INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) certificate should be DUE TO Ö so cremation, o Conditions, if any, which (0) gave rise to immediate cause DUE TO (e), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION burial, writing the word e Chief Medical E Page 3 should be PERFORMED? YES 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert J or Pert I of 0 PRIMARY | or CONTRIBUTING OF CAUSE OF DEATH. MEDICAL Page ď 20d. INJURY OCCURRED 200. PLACE OF INJURY Phome, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) agent, fectory, street, office bldg., etc.) the et work forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE 0 EXAMINER'S TO Ft. Health NAME (Type) Address (Street, city, town, or count 22d. LOCATION (City, town, or country 220, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 5-9-6 Frostburg Memorial rostburg Burial Park 23. FUNERAL DIRECTOR Funeral Home VR A15ME Clathur & House 5M 1/62

AND STATE DEPARTMENT OF HEALTH

e K je The State .A: .grudaedd D no mone dis-10-year Nerla D. Missass, II Mila Drees,

death. 18 4 may be retained by the hospital or attending physician.

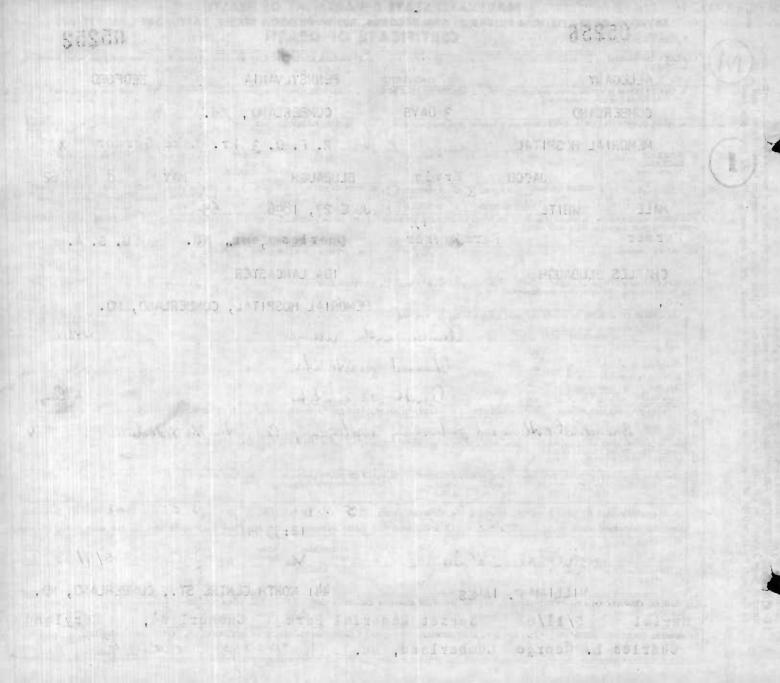
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 72 hours after death ithin 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO HOS

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05252

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
ALLEGANY MARYLAND	PENNSYLVANIA BEDFORD
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
write RURAL and give nearest town)	MEV 2
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	CUMBERLAND, Md. / O X 3
d. NAME OF HOSPITAL OR INSTITUTION (IT NOT IN ROSPITAL, give street address)	ON A FARM?
MEMORIAL HOSPITAL	R. F. D. 3 Nr. Lake Gordon YES NO.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) JACOB Ervin	BLUBAUGH DEATH MAY 8 19 62
011440	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	last birthday) Months Days Hours Min.
MALE WHITE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	JUNE 27, 1896 65 YM.
done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Farmer Farm owner	Charles Town, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES BLUDAUCH	IDA LANCASTER
CHARLES BLUBAUGH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgive war or detes of service)	
No,	MEMORIAL HOSPITAL, CUMBERLAND, MD.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e)	the usemic 48hrs
587.0 DUE TO	
Conditions, if any, which \ (b)	pintaintis
	Jacob Tarabase Taraba
(e), steling the underlying DUE TO	2 11
cause last. (c) Little	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Browlid acture and pulmoning.	PERFORMED?
3 Browled actions and pulmoney.	enshapena, Consective Heart Failure YES I NO I
	D. (Enter natura of injury in Pert I or Pert II of item 18.)
E 200. ACCIDENT WAS UNDERLYING A 200. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING ACCEUTE OF DEATH OF THE CONTRIBUTION OF THE C	
ZDc. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e, PL	ACE OF INJURY (Home, farm, ' 2Df. (City or town) (County) (Stete)
Hour e.m. While Not While	ctory, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	5-5-62, 19, to 5-8, 1963, that (I) (we) las
saw the deceased alive on	at death occurred 21.55. Applifrom the causes and on the date stated above
22e. SIGNATURE	22b. DATE
William & Jeens	M.D. ATTENDING MED. STAFF PHYS. STAFF 5/9/62
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	NA.
WILLIAM P. IAMES	441 NORTH CENTRE ST., CUMBERLAND, MD.
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
Burial 5/11/62 Sunset Mem	orial Park Cumberland, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Charles L. George Cumberland,	Md. DATE AY 1 4 '62 arthur S. Kraus
	The state of the s

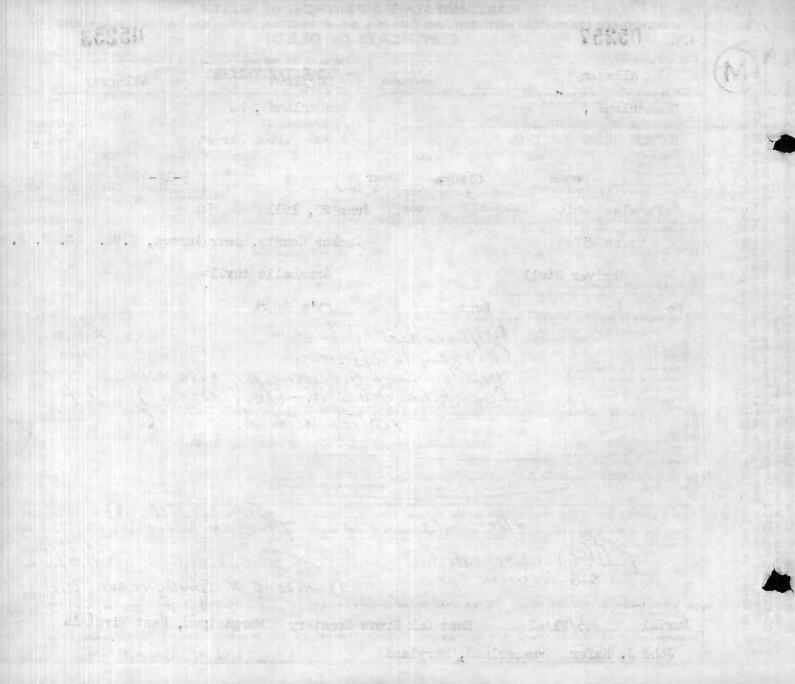


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MARYLAND STATE DEPARTMENT OF HEALTH

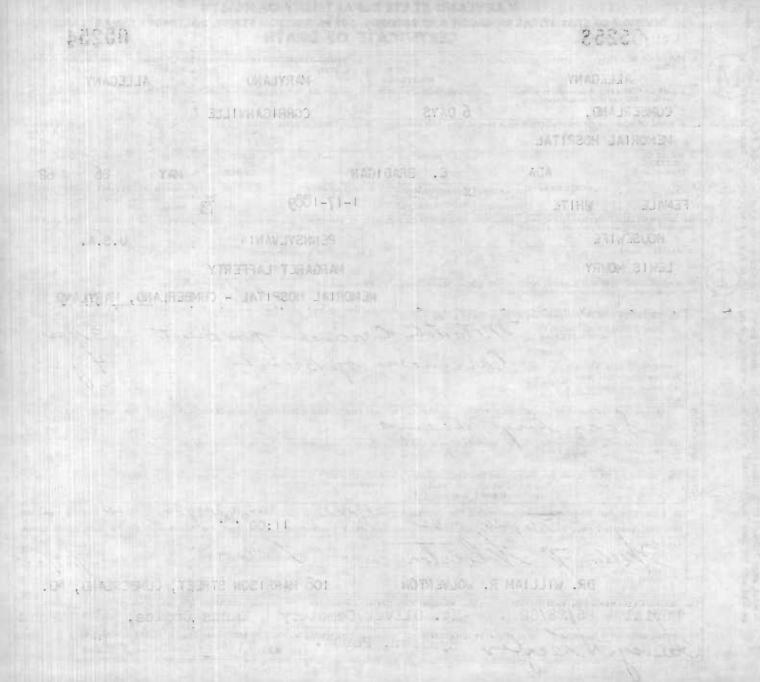
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5257 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission								
Allegany	a. STATE ALL BLOOMING Allegany								
b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)								
Cumber Land oive nearest town)	2Cumberland , Md								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENC								
SACRED HEART HOSPITAL	206 Fulton Street ON A FARM								
3. NAME OF First Middle	Last 4. DATE Month Dey Year								
(Type or print) Denna Gladys Bewe	OF								
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS								
Female White WIDOWED DIVORCED	June 23, 1911 lest birthdey) Months Deys Hours Min.								
10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUST									
done during most of working life, even if retired)	M -1 O								
House Wife	Tucker County, near Aurora, W.Va. U.S.								
10. Letter a table	14. MOTHER 5 MAIDEN NAME								
Shriver Stull	Annabelle Auvil								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give were or detes of service)	INFORMANT Address								
37	Pt8s Chart								
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY, My acardeal	ONSET AND DEATH								
IMMEDIATE CAUSE (6) or queardear	Faelling - suddler								
420, DUE TO COTRIERS /US	: Herieuce 4 year								
Conditions, if any, which (b) Northe Low Alexander (Conditions, if any, which)									
gave rise to immediate cause 14 fleteusure + Attender to the Color of									
cause lest. (c) Coantation of the Cloria - above origin									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT M	or related to the terminal disease condition given (*) PART 1(*) 19. WAS AUTOPS) PLACE CUTENOS PERFORMED?								
\(\frac{1}{4}\)	mai urenes								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MY 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 200. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of Injury In Pert I or Pert II of item 18.)								
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)								
	ctory, street, office bldg., etc.)								
p.m. 19 al work st work									
21. I certify that (I) (this hospital) attended the deceased from.	1957, to May 1f, 1962, That (I) (we) la								
saw the deceased alive on	I death occured et								
228. SIGNATURE CONCESCION M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. STAFF PHYS. DIRECTOR PHYS. OF THE PHYS. DIRECTOR DIR									
22c. PHYSICIAN'S S.G. WEISMAN MID.	22d. ADDRESS								
	54 GREENE ST COMBERLAND, MICH								
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)								
	ve Bemetery Morgantown, West Virginia								
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
John J. Hafer Cumberland, Maryland	DATE MAY 22 '62 arthur S. Krous								
,	BELL M. St. T.								



funer	M		PLACE OF DEAT					a. STATE		d fived, If inst		
or the	VI		b. CITY OR TOWN (LEGANY (if outside corporate timi d give nearest town)	ts, c. LE	MARY ENGTH OF ST	AY IN 1b	c. CITY OR TOWN (limits, write R	ALLEGAN URAL end give n	
led in b	1.0		CUMBERLA			DAYS	dence)	CORR d. STREET ADDRESS	IGANVILLE			. IS RESIDENCE
年品質	60		MEMORIAL	HOSPITAL	ir nor in nospiror, g	, re silver eac	3,033)	C. STREET MODRESS				ON A FARM?
completely n papers. thin 72 ho			NAME OF DECEASED (Type or print)	First		Middla E. E	BRADIGA	Last N	4. DATE OF DEATH	Month MA Y	Doy 26	Year 19 62
nd correspond			SEX	6. COLOR OR RACE				1-17-1889		E (In yeers IF		IF UNDER 24 HRS. Hours Min.
cian ar	3.0	10a	EMALE USUAL OCCUPAT	WHITE ON (Give kind of work	WIDOWED 1	DIVORCE BUSINESS O		11. BIRTHPLACE (Cour	nty & State, or foreig	yrs.	12. CITIZEN O	F WHAT COUNTRY?
hysic rem			HOUSEW I	PE	d)			PENNSYL	ANIA		U.S.	Α.
ding p	T	13.	LEWIS MC	WRY			14	MA RGA RET				
e atten Then I oval, a	T	15. {Ye	WAS DECEASED EV	ER IN U.S. ARMED FOR Hyesgive werordeles of s	CES? 16. SOCIA	L SECURITY I		MORIAL HOSE	PITAL - CU	Address IMBERLA	ND. MARY	YLAND
ysician. ysician. ed by the permit.				DEATH [Enter only one TH WAS CAUSED BY, IMMEDIATE CAUSE (e)	met	rotati	(c).) Ca	Uinone	-poor B		INT	ERVAL BETWEEN SET AND DEATH YELL
ing ph n signa transit			Conditions, if any	DUE TO	Car	cino	ma	of Bree	O.L.	,	4	ijrs
r attend has bee e burial- urial, cre			gave rise to immed (a), steting the u cause last.	liete cause								
SICIAN ospital o strificate use as th	0	CERTIFICATION	Se	R SIGNIFICANT CONDI	ry. a	Enen	na					P. WAS AUTOPSY PERFORMED? YES NO P
the he this ce d for u		CERTIF.	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY	OCCURED. (E	nter nature of injury in	Part I or Part II of ite	m 18.)		
NDING sined by R: After detache t. of Hea		MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Day, Ye	WhileN	OCCURRED lot While et work		OF tNJURY (Home, farr , street, office bldg., etc		wn)	(County)	(Stete)
ATTE be refa CCTOI uld be the Dep				that (I) (thi s bepi sed alive on 2004				Ay 19	1962 to m	causes an		nat (I) (we) last te stated above.
L DIR			22e. SIGNATURE	llem Z.	Holer	erlor	M.D.	PHYS.		AFF IYS.		22b. DATE SIGNED, 5/29/62
with with	1		22c. PHÝSICIAN'S NAME (Type		IAM R. WO	LVERTO	N	108 HAF	RISON STR	EET, C	UMBE RLAI	ND, MD.
		32.	BURIAL, CREMAT	DATE THE	2FOF 23c	NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION	(City, town	or county)	(Stete)
death. G FUICE director, p		234	MAN AND SELECTIVE					Cemetery	Manns	Choi	ce,	Penn

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death.

| Secure | Amay be retained by the hospital or attending physician. |
| Yes a secure | Amay be retained by the hospital or attending physician. |
| Yes a secure | Yes a secu

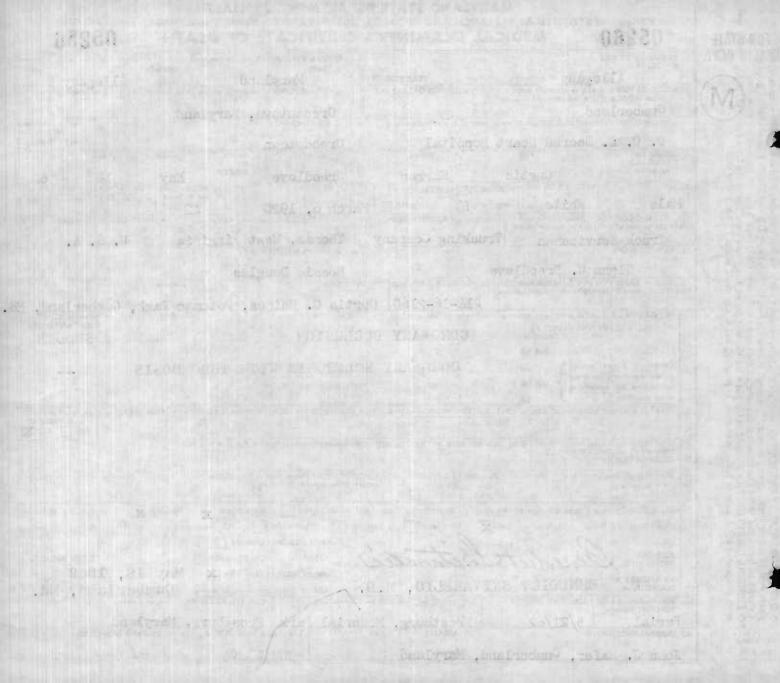
	MARYLAND STATE DEP	ARTMENT OF	HEALTH	
DIVISION OF STATISTICA	L RESEARCH AND RECORDS, : CERTIFICATE	301 W. PRESTOR	STREET, BALTIMORE 1,	MARYLAND
05259	CERTIFICATE	OF DEATH		05255
ICE OF DEATH	11.2.	USUAL RESIDENCE	(Where deceased lived, If institution	. Residence before edm

1. PLACE OF DEATH	1			2. USUAL RESIDEN	CE (Where dec			ce before edmission)
	EGANY		MARYLAND	a. STATE	RYLAND	b. COUNTY	ALLEGA	VIA
b. CITY OR TOWN (f outside corporate limi give nearest town)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		rate limits, write R		
	RLAND		17 DAYS	102 cui	MBERLAND			
d. NAME OF HOSPI	EYAL WETITUTION	TCK A	pital, give street eddress)	d. STREET ADDRESS	100 110 110			e. IS RESIDENCE ON A FARM?
MEMOR	RIAL HOSPIT	AL		200	9 SOUTH	ST.		YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day	Year
(Type or print)	HANN		М.	BRADLEY	DEATH		28,	1962
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years IF	Nonths Days	Hours Min.
FEMALE	WHITE	WIDOWE	DIVORCED _	1-25-1873		89 yrs. "	Monins Days	nours min.
10a. USUAL OCCUPAT	rking life, even if retire	d)	IND OF BUSINESS OR INDUST				12. CITIZEN O	F WHAT COUNTRY?
HOUSEWI	T.E.		WN HOME		TBURG, N	1 D.	U. S.	Α.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
JOHN HAWK					Y JENKIN			
(Yes, no, or unkown) (I	ER IN U.S. ARMED FOR Tyesgivewarordetesofs	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
				MEMORIAL H	HOSPITAL	- CUMBE	ERLAND.	MD.
18. CAUSE OF D	EATH Enter only one	cause per li	pe for (a), (b), end (c).]			,	1N1	TERVAL BETWEEN
	H WAS CAUSED BY:	14	y parteu	EWE attor	a see	esotion	Or	ISET AND DEATH
442)	/	11			,		
Con Pilone V	DUE TO	(6)	ANDID	vascul	-	dina	0	
Conditions, if eny		-	- Caro	· caca		V-WXC		
(e), stating the u							6.6	
cause last.) (c)							
Z PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIVEN	IN PART 1(e) 1	9. WAS AUTOPSY PERFORMED?
TA T								YES NO TO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DES	CRIBE HOW INJURY OCCURE), (Enter nature of injury in	Pert I or Pert II o	of item 18.)		
3 20c. TIME OF INJU	RY Month, Dey, Ye	ar 2Dd.	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm	n, 20f. (City o	or town)	(County)	(State)
20c. TIME OF INJU Hour a.m.	19	While et work	Not While fac	tory, street, office bldg., etc.	.)			
Pilli		al) attend	ded the deceased from	4-11-	1960/10	5 28	1 1962	hat (I) (wa) last
saw the deceas	-	7 25	1967 and tha	death occurred at	30 A M.	the causes as	nd on the d	ate stated above.
22a. SIGNATURE	ed alive oil	01.		degili Occoled 91:	///, 110111	me causes as	id on me da	22b. DATE
ZZZ. SIGNATORE	Mrx.	Mil	liams		MED.	STAFF PHYS.	5/:	29/62
22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS				
144112 (1790)	DR. W. F.	WILLI	AMS	122 5. 0	ENTRE S	ST., CUME	BERLAND,	MD.
23a. BURIAL CREMATI		1962	23c. NAME OF CEMETERY	OR CREMATORY Burial Par		nberlan		(State)
Burlal		1000			•	AR 25b. REGIS		TIPE
24 FUNERAL DIRECTOR		1 2 0	ADDRESS			ZOD. KEGIS	SIRAK S SIGNA	TORE
James F.	Scarpel.	11,	umberland,	MC DATE	N 4 '62	Cul	2 Henry	
							Ja, / USAGA	

O Pailati EGORAL & TARRETCH AV. . TE ETTE ETS JATING IN LAND P18 (m 75 m) ACCEPTAGE OF THE PARTY OF THE PARTY. NO. The plant of ways of the said with the The second of the second of the second IEE S. GENTRE ST., CLICENIAN, LC. DR. P. F. WILLIAMS O AND THE PARTY OF T Julies E. Scerialit, Curberlett, Mt. Man Past Company

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DFPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY ould be executed within 24 hours after death. If any leasy is necessary, "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. buriel-transit permit. File pages 1 and 2 with the State Board of Maellth. b. COUNTY Allegany MARYLAND Maryland Allegany of He b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give neerest town) Cumberland Cresaptown, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? D. O. A. Sacred Heart Hospital YES NO Cresaptown NAME OF 4. DATE Month Dey DECEASED OF (Type or print) DEATH Curtis Warren 19 62 Breedlove 18 land 2 with 172 hours afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Male White WIDOWED T DIVORCED March 6. yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Trucking Company Thomas, West Virginia it. File pages 1 U. S. A. Truck Serviceman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Glenn W. Breedlove Bessie Douglas 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Curtis C. Haines, Potomac Park, Cumberland, 214-16-2160 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), .= ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and CORONARY OCCLUSION IMMEDIATE CAUSE (e) SUDDEN DUE TO CORONARY SCLEROSIS WITH THROMBOSIS Conditions, if any, which "pending" Examiner's of gave rise to immediate cause DUE TO (e), stelling the underlying 6 cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION 9 PERFORMED? execute the certificate, writing the word Id be forwarded to the Chief Medical E YES NO IT plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) should be forwarded to the Chief Me should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho PRIMARY | or CONTRIBUTING | MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Hour e.m. While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE May 18, 1962 DEPUTY MEDICAL EXAMINER SKITARELIC. M.D. Cumberland, Md. NAME (Type) Address (Street, city, town, or county) DEP 22a, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g Burial Frostburg. Memorial Park Frostburg. Maryland 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 John J. Hafer. Cumberland. Maryland arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH



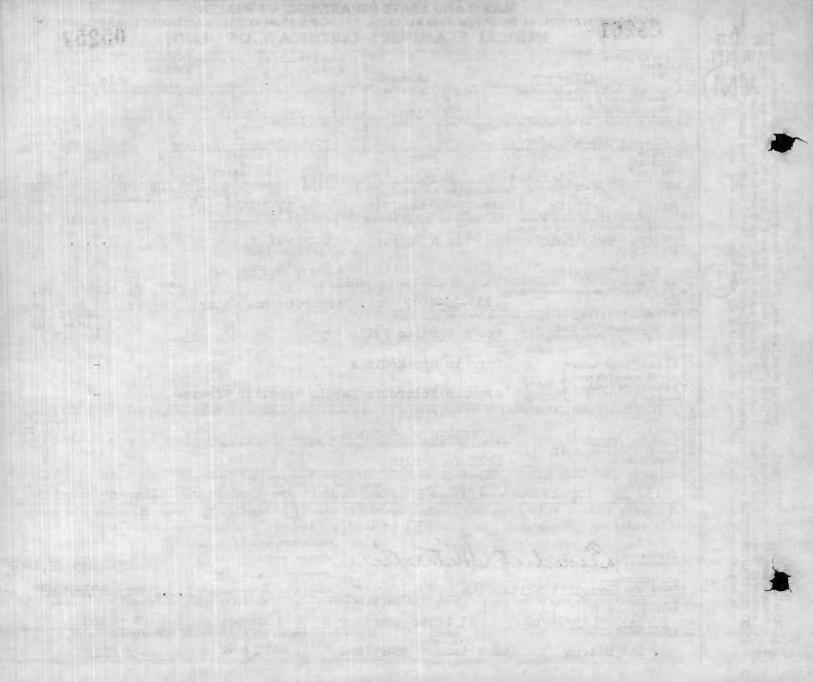
FOR STATE HEALTH DEP TO DEF AT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any Casy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designaled agent, prior to burial, cremation, or removal, and in any worth within 72 hours after death.

VS. AISME 5M 9/60

AS A DVI A NID CTATE DED A DTMENT OF MEATIN

	MAKI	TAUD STATE D	EPAKIMENI O	REALIN	
Division of	STATISTICAL RESEARCE	CH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
03401	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	05257

1. PLACE OF DEATH 2. COUNTY Allegary MARYLAND D. CITY OF TOWN UT adultide components limits. C. LENGTH OF STAY IN ID C. CITY OF TOWN UT adultide components limits. C. LENGTH OF STAY IN ID C. CITY OF TOWN UT adultide components limits. C. LENGTH OF STAY IN ID C. CITY OF TOWN UT adultide components limits. C. LENGTH OF STAY IN ID C. CITY OF TOWN UT adultide components limits. C. CITY OF TOWN UT Adu	-1-									
Allegany b. CITY OR TOWN (if cutsides operated limits, write RURAL and give nearest town) Cumberland d. NAME OF HOSPITAL DE INSTITUTION (if no in hospital, give street address) Sacred Heart Hospital 3. NAME OF DETARS Sacred Heart Hospital NAME OF HOSPITAL DE INSTITUTION (if no in hospital, give street address) NAME OF DETARS (If year in interest town) Middle Middle Martin Broadwater Seath of BRITH PART BOOK RACE; NAMERID SINGHER (If the Name of Seath of									asidance before adr	mission)
b. CITY OR TOWN (if unitide corporate limits, write RURAL and give nearest fown) Cumberland Chamberland Ch			Allegary		MARYLAND			0 400 4	legany	
Cumberland Cum	/ -	b. CITY OR TOWN (if o	outside corporata lim	its,	c. LENGTH OF STAY IN 16					-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) Sacred Heart Hospital NAME OF DECLARED FOR MINE Mode 1.5 Baltimore Avenue 1.5 Baltimore 1.5 Baltimore Avenue 1.5 Baltimore 1.5 Baltimore Avenue 1.5 Baltimore	Г				0.7	112				
Sacred Heart Hospital NAPRE OF DECEASED Clarence Middle Left No. Name Deceased Name Deceased Name Name Name Deceased Name Nam	-			lif not in hos	Days				I a IS DESI	DENCE
3. NAME OF DECEASED Clarence Middle Last OPATE Month Day Year DECEASED Clarence Martin Broadwater S. DATE OF BETH DEATH May 21 19 62	ı				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
DECREASED (Type or pilet) Clarence Martin Broadwater DEATH May AGE (If years EUNDER 14 HS.)	-		art Hospi	tal		" 355 Bal			YES 1	10 3
Clarence	ľ		First		Middle	Last		onth	Day Year	
S. SEX	П	(Type or print)	Claren	ce	Martin R	roadwater	DEATH	2	19 6	2
Male White widowed brokes Divorced September 17, 1877 September 17, 1877 Min. Months Days Mous Min. 10s. USUAL OCCUPATION (Give kind of work) 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CATIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME U.S. A. 14. MOTHER'S MAJDEN NAME SUSAN HARMON U.S. A. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CONDITION ([type spival waver ordeter of service) 217-10-1072 Mrs. Margaret Broadwater Cumberland Maryl and 18. CAUSE OF DEATH [Enter only one cause per line for (e). (b), and (c). 19. CAUSE OF DEATH [Enter only one cause per line for (e). (b), and (c). 19. CAUSE OF DEATH [Enter only one cause per line for (e). (b), and (c). 10. Conditions, if any, which have rise to immediate cause (e). 19. CAUSE OF DEATH [Enter only one cause per line for (e). 19. CAUSE OF DEATH [Enter only one cause per line for (e). 19. CAUSE OF DEATH [Enter only one cause per line for (e). 19. CAUSE OF DEATH [Enter only one cause per line for (e). 19. CAUSE OF DEATH [Enter only one cause per line for (e). 19. CAUSE OF DEATH [Enter only one cause per line for (e). 10. Interval Between Cumberland Cumberland 10. Conditions, if any, which Due to (e). 10. Chronic Myocarditis Cumberland Cumberland Cumberland 10. Conditions, if any, which Due to (e). 10. Chronic Myocarditis Cumberland Cumberlan		5. SEX 6	COLOR OR RACE	7. MARRIE	D NEVER MARRIED		9. AGE (In ye			
10a. USUAL OCCUPATION (Give kind of work and one during most of working life, avanif retired of working life, avanif retired Supt (Maintenance) For a Doctor Maryland U.S.A. 13. FATHER SHAME 13. FATHER SHAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED FYER IN U.S. ARMED FORCES? (Vis. no. or unknown) (Hyesiglawaerordales ofservice) 16. SOCIAL SECURITY NO. 17. INFORMANT 21. CAUSE OF DEATH [Enter only one cause per line for (e), [b), and (c).] 17. PART II. DEATH WAS CAUSED BY, MARDIATE CAUSE (e) 18. CAUSE OF DEATH [Enter only one cause per line for (e), [b), and (c).] 19. CAUSE OF DEATH [Enter only one cause per line for (e), [b), and (c).] 19. CAUSE OF DEATH [Enter only one cause per line for (e), [b), and (c).] 19. CAUSE OF DEATH [Enter only one cause per line for (e), [b), and (c).] 19. CAUSE OF DEATH [Enter only one cause per line for (e), [b), and (c).] 19. CAUSE OF DEATH [Enter only one cause per line for (e), [b), and (c).] 19. WAS CAUSED BY, MARTINE CAUSE (e) 10. SOCIAL SECURITY NO. 17. INFORMANT 20. CAUSE OF DEATH [Enter only one cause per line for (e), [b), and (c).] 20. THE CONTRIBUTION SE (e) 20. THE OF THE SERVICE (e) 20. THE OF THE S	1					September 17		THOMAS E	Days Hours	Mln.
Retired Supt (Maintenance) For a Doctor Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eli Broadwater 15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 217-10-1072 Mrs. Margaret Broadwater Cumberland Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART II. DEATH WAS CAUSED BY. MUNICIPAL STRUENT OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONTRIBUTION OF CONTRIBUTION OF COUNTRIBUTION OF COUNT	1	10a. USUAL OCCUPATIO	N (Give kind of world	k 10ь. К	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stat	e or foreign country)	12. CITI	ZEN OF WHAT CO	UNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDENNAME Susan Harmon	П				Fon a Doctor	Marri and	٦		II C A	
S. WAS DECEASED FYEE IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. I			o (Marine	nance	Lor a Doctor				U.D.A.	
S. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 217-10-1072 18. Margaret Broadwater 217-10-1072 217-10-10		777 * 75	1. 1				**			
(Ves. no. or unknown) (Ifyes give wer or dates of service) 217-10-1072 Nrs. Margaret Broadwater Cumberland Maryland	1-			OFFC2 14	COCIAL CERTIFICATION LA					
18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (c), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. The cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. The cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. The cause of Injury in Part I or Part II of Item 18.) FULL THE OF INJURY Month, Day, Year 20st. INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) FULL THE OF INJURY Month, Day, Year 20st. INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) FULL THE OF INJURY Month, Day, Year 20st. INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) FULL THE OF INJURY Month, Day, Year 20st. INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) FULL THE OF INJURY Month, Day, Year 20st. INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) FULL THE OF INJURY MONTH, Day, Year 20st. INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) FULL THE OF INJURY MONTH, Day, Year 20st. INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) FULL THE OF INJURY MONTH, Day, Year 20st. INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) FULL THE OF INJURY MONTH, Day, Year 20st. INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) FULL THE OF INJURY MONTH, Day, Year 20st. INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) FULL THE OF INJURY MONTH, DAY, Year 20st. INJURY		(Yes, no, or unkown) (Ifye	in U.S. ARMED FOR	service)			Add	955 Balt	timore Av	e,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART II(a) PREFORMATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART II(a) PREFORMATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART II(a) PREFORMATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PROFIDE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PROFIDE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PROFIDE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PROFIDE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PROFIDE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PROFIDE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PROFIDE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PROFIDE TO THE TERMINAL DISEASE CONDITION GIVEN IN P		No		2:	17-10-1072 Mrs	s. Margaret H	Broadwater	Cumberla	and Marvla	and
Due to Conditions, if any, which gave rise to immediate acuse (e), stating the underlying cause last. Due to Conditions, if any, which gave rise to immediate acuse (e), stating the underlying cause last. Due to Conditions, if any, which gave rise to immediate acuse (e), stating the underlying cause last. Due to Conditions, if any, which gave rise to immediate acuse (e), stating the underlying cause last. Due to Conditions, if any, which gave rise to immediate acuse (e), stating the underlying cause last. Due to Conditions, if any, which gave rise to immediate acuse (e), stating the underlying cause last. Due to Conditions, if any, which gave rise to immediate acuse (e), stating the underlying cause last. Due to Conditions, if any, which gave rise to immediate acuse (e), stating the underlying cause last. Deputy manufacture of Injury In Part I or Part II of item 18.) Fell in garden Country Occurred Injury (Home, farm, 201. (City or town) (County) (State) The part of Injury Manufacture (Country) (State) Due to Conditions, if any, which gave rise is to the Injury (Home, farm, 201. (City or town) (Country) (State) The part II. of the II. o		18. CAUSE OF DEA	ATH [Enter only one	cause per l	ina for (a), (b), and (c).]				INTERVAL BETW	EEN
Due to Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES PERFORMED. YE	ı			10 Hrs						
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? Fracture of Right Hip 20b. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO COURTED. (Enter nature of injury in Part I or Part II of Item 18.) Fell in garden 1 government of County Month, Day, Year While Not While	ı	14251								
Due to (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO NO NOT CONTRIBUTION OF Right Hip 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO NO NOT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NOT CONTRIBUTION OF COURSE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) Fell in garden 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO NO NO NO COUNTRIBUTION OF C	П									
Arterio Sclerotic Cardio Vascular Disease	П				-					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Fracture of Right Hip 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO ENTEROPED TO CONTRIBUTING TO PART II of Item 18.) Fell in garden 20a. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ferm	L		orlying DUE TO		emio Solemoti	o Cardio Was	oulan Disease			
Fracture of Right Hip 20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTE TO CONTRIBUTION TO CONTRIBUTION TO CONTRI	ı									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 1;30 p.m. May 12 19 62 at work 1 home 221 Balt Ave Cumberland Allegany Maryland 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inspe	3	PART II. OTHER SI	GIVEN IN PART							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 1;30 p.m. May 12 19 62 at work 1 home 221 Balt Ave Cumberland Allegany Maryland 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inspe	13	3		Fi	racture of Righ	ht Hip				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 1;30 p.m. May 12 19 62 at work 1 home 221 Balt Ave Cumberland Allegany Maryland 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inspe	1	20a. EXTERNAL CAUS	SE WAS 2	Ob. DESCR	BE HOW INJURY OCCURED.	Enter nature of Injury in Pa	art I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) 4;30 p.m. May 12 19 62 at work Mile at work Mile Month May 12 19 62 at work Mile at	120	CAUSE OF DEATH.	KIBUTING 20	Fel	l in garden					
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection _X, Inquiry _X, and in my opinion death resulted from: Natural causes, Accident _K, Suicide, Homicide, Undetermined manner ACTUAL	1	20c. TIME OF INJURY	Month, Day, Ya	ar 20d.	NJURY OCCURRED 200. PL	ACE OF INJURY (Home, far	m, 20f. (City or town)	(Coun	ity) (St	tate)
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection _X, Inquiry _X, and in my opinion death resulted from: Natural causes, Accident _K, Suicide, Homicide, Undetermined manner ACTUAL	1	How a.m.	May 12.	62 While	Not While Home	tory, street, office bldg., et	c.) Cumberland	Allega	our Manuel a	nd
death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner ACTUAL	13	p.m.				- Company		Parties.		
ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) R. D. 9 Cumberland Md 222. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial S/21/62 St Lukes Cemetery Cumberland Maryland 23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR'S SIGNATURE	Н								and in my opi	nion
ACTUAL SIGNATURE DEMOCLET Skitarelic M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER MAY 22,196 EXAMINER'S NAME (Type) Benedict Skitarelic Address (Streat, city, town, or county) R.D.9 Cumberland Md 222a. Burial, cermation, Removal (Specify) 5/24/62 St Lukes Cemetery Cumberland Maryland 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE	ı	death resulted fro	m: Natural ca	auses,	Accident K., Suid	cide, Homicide	Undetermine	manner		
EXAMINER'S NAME (Type) Benedict Skitarelic 22a. SURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR Address (Streat, city, town, or country) R.D.9 Cumberland Md 22d. LOCATION (City, town, or country) (State) Cumberland Maryland 23. FUNERAL DIRECTOR ADDRESS DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or country) R.D.9 Cumberland Md 22d. LOCATION (City, town, or country) (State) 24a. REC'D BY REGISTRAR'S SIGNATURE	L		2	1 1-	On a		EXAMINER			
EXAMINER'S NAME (Type) Benedict Skitarelic 22a. SURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR Address (Streat, city, town, or country) R.D.9 Cumberland Md 22d. LOCATION (City, town, or country) (State) Cumberland Maryland 23. FUNERAL DIRECTOR ADDRESS DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or country) R.D.9 Cumberland Md 22d. LOCATION (City, town, or country) (State) 24a. REC'D BY REGISTRAR'S SIGNATURE	Г		Domode	et	Ske Tarelic	ASSISTANT ME	DICAL EXAMINER		DATE SIGN	EP OF
NAME (Type) Benedict Skitarelic Address (Streat, city, town, or county) R.D.9 Cumberland Md 228. BURIAL, CREMATION, REMOVAL (Specify) Burial 5/24/62 St Lukes Cemetery Cumberland Maryland 23. FUNERAL DIRECTOR Address (Streat, city, town, or county) R.D.9 Cumberland Md 22d. Location (City, town, or country) (Steate) Cumberland Maryland 24. REC'D BY REGISTRAR' 24b. REGISTRAR'S SIGNATURE	1			×			AL EXAMINER 🔀		May 22	,170
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) Burial 5/24/62 St Lukes Cemetery Cumberland Maryland 23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	1		nedict Sk	1000	D. 9 Climb	M bacfra	d			
Burial 5/24/62 St Lukes Cemetery Cumberland Maryland 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR'S SIGNATURE	2	28. BURIAL, CREMATION,	226. DATE THERE	OF		R CREMATORY	22d. LOCATION (City, N	own, or country)	(State)	
23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE			5/24/62		St Lukes Ceme	terv	Cumberland	Marv	land	
H. Lee Silcox Cumberland Maryland DATE MAY 28'62 2. Hans	1		21					- U		
DATE DO DELLOY		H. Lee Si	lcox	Cumb	erland Marv	landM	AY 2 8 '62		4	
	L	110 200 01	2002	000110	11-13	1 DATE		1 4, /	V-WW	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DESCRIPTION OF THE STATE OF THE PARTY OF THE IS WELL REPORT OF A PROPERTY OF imbarol of register on a country and he THE RESERVE THE RESERVE OF THE PROPERTY OF THE was the second

death. Completely filled in by the hospital or attending physician. Yes To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral or the place of the place thin 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05263 CERTIFICATE OF DEATH 05254

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	a. COUNTY	a. STATE b. COUNTY
	A LLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	MARYLAND ALLEGANY
	write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	CUMBERLAND 6 HRS. 33 MINS	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MEMORIAL & WARWICK AVES. MEMORIAL HOSPITAL	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer
	DECEASED	UJAC JR. OF DEATH MAY 15 1962
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED	12-12-1895 Last birthday) Months Deys Hours Min.
		Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Electrical Supvr. B. & O. Rwy.	Catonsville, Maryland U. S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	CHARLES D. BUJAC SR.	MARGARET FIZZEL
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	Yes, no, or unkown) (Ifyesglvewerordetesofservice) Yes, W. # 1 705-03-6345	AFMODIAL HOSPITAL SUMPERIANS 10
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	MEMORIAL HOSPITAL - CUMBERLAND, MD.
	PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
В	IMMEDIATE CAUSE (a)	wearing one
	Contilling it and the second	(1/4) -
	Conditions, if any, which geva rise to immediate ceuse	7 40 /5-
	(e), steting the underlying DUE TO	
	causa last. (c)_	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	<u></u>	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL_FEAMWER)	. (Enter natura of injury in Part I or Part II of item 18.)
		CE OF INJURY (Home, ferm, 2DL 45ty or lown) (County) (Slate)
		CE OF INJURY (Home, ferm, ory, street, office bidg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	5/15/6 = 19 to 5/15/6 > 19 that (1) (we) last
		death occured at
	22a. STONATURE	ATTENDING MED. STAFF 22b. DATE
1	XIMA Stepner M.	ALINE TO SURFERENCE TO SURFER TO SUR
1	22c PHYSICIAN S	22d. ADDRESS
	NAME (150) DR. RICHARD J. WILLIAMS	122 S. CENTRE ST., CUMBERLAND, MD.
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 5/18/62 Hillcrest B	urial Park Cumberland, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Charles L. George Cumberland, Md	· DATE MAY 21 '62 arthury S. Thomas

theries L. Scorge Chaburland, Md.

05264

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05260

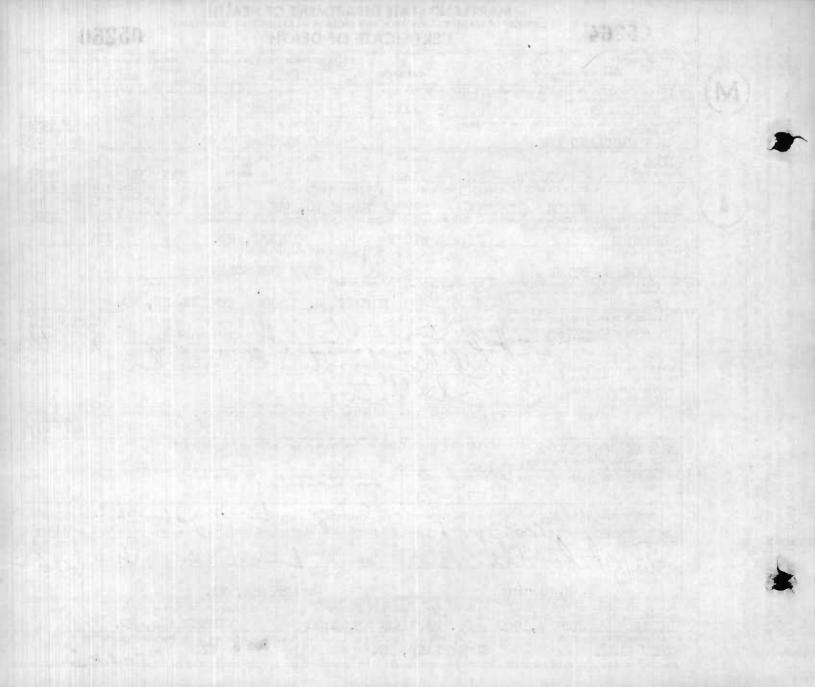
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

	0. CODIVIT	ALLEGAN			MARYLAND	0. 314	MARYL	AND	b. COUNTY	ALI	EGA	NY	
	b. CITY OR TOWN (IF RURAL and give new	outside corporate	limits, write	c. LENGTH	OF STAY IN 16	c. CIT	Y OR TOWN (If	outside corp	orote limits, write R	URAL ond	give nec	arest town)
	CUMBERL			35	YEARS	02	CUMBER	LAND					
	d. NAME OF HOSPITA	AL (If not in hospite	al, give street	address)		d. ST	REET ADDRESS					e. IS RES	IDENCE FARM?
	407 MARY.	LAND AVE.				1	407 MAR	MALIY	AVE.				NO XX
3.	NAME OF DECEASED		First		Middle	EN	Last	4. DATE OF	Mor	rth	Do	y '	Yeor
	(Type or print)	JOSE	CPH	M.	BYRNE			DEATH	MAY	31			19 62
5.	SEX	6. COLOR OR RA	CE 7. MARR	RIED NEV	ER MARRIED	8. DATE O	BIRTH		9. AGE (In years lost birthday)	IF UNDER	Doys	Hours	R 24 HRS. Min.
儿	MALE	WHITE	WIDOWE	ED 🔀	DIVORCED [MARCH	10,190	6	56 yrs.	Monnis	Doys	Hours	Min.
100	 USUAL OCCUPATIO during most af worki 	N (Give kind of wo	ork done 10b.	KIND OF BU	JSINESS OR INDI	JSTRY 11. B	RTHPLACE (State	e or foreign	cauntry)	12. CIT	IZEN O	F WHAT C	OUNTRY?
L	RETIRED			RETAIL	STORE			AND, M	D.		USA		
13.	FATHER'S NAME					14. MO1	HER'S MAIDEN	NAME					
	MICHAEL A						ROSE A	NN NOL	AN				
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED I f yes, give war or dates	FORCES? 16.	SOCIAL SEC	URITY NO. 17.	INFORMANT			Add	lress			
	NO		21	4 05	7669 M	ICHAEL	J. BYR	NE C	UMBERLANI	D, MD.	•		
	18. CAUSE OF DEAT		- 1	ne far (a), (b), and (c).]	/ /	1/1 -	10				ERVAL BE	
	PART I. DEAT	H WAS CAUSED E	E (0)	per	Messi	e (111	WM	love		12		11
	443	DUE	то //	111	10	1.	+	.09 0	1	7	16	yn	in.
	Conditions, if on		(b) 11	NY.	ferry	m	nun	00	und	w			
	gave rise to in cause (o), stoting t		то	1	100	+					-		
_	lying couse last.)	(c)	Trus	my	w	~) -						
Į É	PART II. OTH	ER SIGNIFICANT C	CONDITIONS	CONTRIBUTION	NG TO DEATH BU	T NOT RELA	TED TO THE TERA	AINAL DISEA	SE CONDITION GIV	VEN IN PAR	RT 1(a) 1	9. WAS / PERFO	RMED?
S			Ton a									YES 🗌	NO 🗆
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEA	TH 20b. DES	CRIBE HOW	INJURY OCCURR	ED. (Enter no	ture of injury in	Port I or Po	rt II of item 1B.)				
	20c. TIME OF INJURY			NILLIBY OCC	10000 20- 0	LACE OF IN	IURY (Home, far	- 204 (C)			C		(6) -1-1
MEDICAL	Haur o. m.		While		hile		office bldg., et		y ar tawn)	(Caunty)		(State)
¥	p. m.		of wor	k ot wor	k 🗌			,	7.		-		
	21. I certify that	(I) (this hosp	ital) attend	,	,	7	/1	2620.ta	10-			, , ,	we) last
	saw the decease	ed alive an	m	19_6	Land that	death acc	Wrred at	M, fram	the dauses ar	nd an th	e date		
	22a. SIGNATURE	20	Pla			ATTE	NDING A	AED	STAFF	()		221	SIGNED
	22c. PHYSICIAN'S	1 Chr	all			M.D. PHYS	ADDRESS	PHRECTOR _	PHYS.	y	me	3/4	6
	NAME (Type)	D M C	ah i m d l a			120.			3/(3	0		/	
-		B. M. So		,					Md.				
23	a. BURIAL, CREMATION REMOVAL (Specify)				E OF CEMETERY				ATION (City, Iown,			(Stote	e)
0.	BURIAL	JUNE 4	,1962		PATRICKS	CEME			CUMBERLAN			DE	
24	BYRON KIGH		(ADDRI CUMBER	LAND, MD		250. REC	REGIS	8000	STRAR'S SI			
	Dation High						DATE			7-Thus	8 4	· ·	

page 3 shauld be the State Board of

may be report TO FUNERAL VR A15 (4) 15M 9/59

TO HOSPIT



hin 24 hours after

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 05265 CERTIFICATE OF DEATH

I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If institution, Residen	nce before admission)
Allegany MARYLANI	Maryland b. COUNTY Allega	nv
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN		
write RURAL and give nearest town)		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (IF not in nospital, give street address)	d. STREET ADDRESS	ON A FARM?
304 Maryland Avenue	304 Maryland Avenue	YES NO X
NAME OF First Middle DECEASED	Last 4. DATE Month Dey	Yeer
(Type or print) Geoffary Arthur	Caldwell DEATH May 12	19 62
. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR	IF UNDER 24 HRS.
	last birthdey) Months Deys	Hours Min.
Male White WIDOWED DIVORCED	Jan. 26, 1892 70 yrs.	C AMILIAT COUNTRY
De. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY
Mechanic Kelly Springfield	Pratt Md. near Flintstone,, Md,	U. S. A.
. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Matthew Caldwell	Josephine Browning	
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17		
(es, no, or unkown) (Ifyesgivewerordetesofservice)		
No 214-05-8516 1	Mrs. Geoffary Caldwell, 304 Maryland	Ave. Cit
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		TERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardo	tis à Dearmperesolor	6 3
526X DUE TO Branch	hiectoris .	PHIL
	neerss.	show.
geva rise to immediate ceusa (a), stating tha undarlying DUE TO		
causa lest. (c)		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
		PERFORMED?
		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRED. (Enter nature of injury in Part I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. Hour a.m. While Not While et work et work	PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County)	(State)
Hour a.m. While Not While	factory, street, office bldg., etc.)	
p.m. 19 at work et work		
21. I certify that (I) (this hospital) attended the deceased fro	may 1, 196 2 10 may 12, 1967	that (I) (we) las
	hat death occured atM, from the causes and on the c	ate stated above
22e. SIGNATURE A		22b. DATE
Clay. Suret	M.D. ATTENDING MED. STAFF PHYS.	3/15/GNE
22c. PHYSICIAN'S NAME (Type) Dr. Clay E. Durrett	236 Virginia Ave. Cumberla	d Md.
a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
Burial 5/15/62 Hyndman Ceme	etery Hyndman, Pennsylvani	a
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNA	TURE
John J. Hafer, Cumberland, Maryland	DATE MAY 1 6 '62 arthur 8 40	
	DATE MAY 1 6 62 Carthur & 1	1aus

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ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Allegany Allegany Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest lown) write RURAL and give nearest town) Midland Midland filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS completely 3. NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) Clise Thomas DEATH May and co 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX AGE (In years | IF UNDER 1 YEAR 13 yrs. Months Male WIDOWED DIVORCED IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Midland, Maryland Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Edwards 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service Lonaconing, Charles Clise the "Son" 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: been signed IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION as to 200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20t. (City or town) fectory, street, office bldg., etc. While Not While Hour e.m. et work et work CIOR: p.m. May 1962 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on 5 14 ATTENDING. STAFF DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF の音る REMOVAL (Specify) Westernport, Philos Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 15M 7/61 DATE MAY 2 3 '62 George Eichhorn Lonaconing. Orthur & Kraus

RYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO.

62

Year

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

22b. DATE SIGNED

(State)

21.62

(County)

U.S.A.

IF UNDER 24 HRS.

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Brallend, Maryland

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Sharles Clise Longconing, 'd,

Burtal 5/20/62 Philos Censtery

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Thomas U. admont

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05267 CERTIFICATE OF DEATH 05263

0014	0.0				
1. PLACE OF DEAT a. COUNTY	Allega	ny MARYLAND		ryland b. COUNTY	ion: Residenca bafora admission) Allegany
Cumber]		c. LENGTH OF STAY IN 16	X Lor	(If outsida corporata limits, writa RUR/	AL and give nearest town)
		t in hospital, give street address) Infirmary	d. STREET ADDRESS	tmold Street	a. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{X}
3. NAME OF	First	Middle	Last	4. DATE Month	Day Yaar
(Typa or print)	Eliza		Cooper	DEATH May	12, 19 62
5. SEX Female	9 23 June	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 2/15/1888	9. AGE (In years IF UN last birthday) 71: yrs.	This Days Hours Min.
10a. USUAL OCCUPATION done during most of with Housewill	TION (Give kind of work orking life, even if ratired)	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cour		U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	John Crich	ton	Ora Anwa	ard	
	VER IN U.S. ARMED FORCES (Hyas giva war or dates of servi	ce)	1 legany Cor	Box 599 Address Cuanty Infirmary	mberland, Md.
Conditions, if an gave rise to immed (a), stating the cause last. PART II. OTHE	y, which diata causa undarlying DUE TO (c)	istrico Kie	OSES E M.	inal disease condition given in	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ. Hour a.m. p.m.	CAUSE OF DEATH	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, fari ectory, straet, offica bldg., etc	m, ' 20f. (City or town)	(Counly) (Stata)
	that (I) (this hospital) ised alive on 5/11	attended the deceased from 19, and the	at death occurred at	MED. STAFF PHYS. T	, 19, that (I) (we) last on the date stated above 22b. DATE SIGNED 5/12/1962
22c. PHYSICIAN'S NAME (Type 23a. BURIAL, CREMAN BANTA TPECIFY	Dr. Lee B	F 23c. NAME OF CEMETER	22d. ADDRESS 49	Greene St., Cu	umberland, Md.
24 FUNERAL DIRECTO		LONACONING, MI	2Sa. RE	C'D BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE

7, 4, 10 8 1 7 1 5/3/2/6 Terenda ! Allegany Jonety S thready - EBGOCT Weanile white Housewiffs Endroise Dariot. . 3 FOURS TO WALL I TO NOT A MANGELLA -/13/62

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P.O.Box 599 Quebbed at, M.

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TO HOSZARI, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05264

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If Institution: Rasidenca before admission)						
Л	a. COUNTY Allegany MARYLAND	a. STATE Maryland b. COUNTY Allegany						
	b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)						
	write RURAL and give nearest town) Cumberland 50yrs	Cumberland 02						
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS / e. IS RESIDENCE						
		TT Pennsylvania Ave.						
-	II Pennsylvania Ave. 3. NAME OF First Middle	II Pennsylvania Ave. YES NO A						
	DECEASED	OF OF						
	noy	Dalvy 209 17 02						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
	M WIDOWED DIVORCED	Nov. 3, 1905 56 yrs.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if terined) Retired Tire Builder Auto Tire Plane							
-1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Robert Davy	Daisy E. Wolfe						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address						
4	(Yas, no, or unkown) (Ifyesgiva warordatas of sarvica) 814-07-8026	Vernie F. Davy II Pa. Ave.						
	1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).)	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
	IMMEDIATE CAUSE (a)	free paris						
	Total DUE TO DUE TO DUE TO DUE TO							
	Conditions, if any, which gave rise to immediate causa (b) Conditions at the conditions of the conditi							
	(a), stating the underlying DUE TO							
2	cause last. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING CAUSE OF DEATH CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?						
	<u>Y</u>	YES NO K						
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
5	0 200 1110 01 1100 1100 1100 1100 1100	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)						
	Hour a.m. P.m. While Not Whila at work	ory, street, office bldg., etc.)						
		19 19 19 10 15/25/12 19 19 14 (1) (we) last						
	21. I certify that (I) (this hospital) attended the deceased from.	death occured at						
	saw the deceased alive on							
	1 7/1/1/1/ -	ATTENDING MED. STAFF						
1	DUVERTURE // MUMANING M	22d, ADDRESS						
	NATIONARD J. Williams	Cumber land, Md I22 S. Centre						
0	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY							
0	Burial 5-28-62 Hillcrest	Burial Park Cumberland, Md.						
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
	James F. Scarpelli Cumberland, Md.	DATE MAY 31 62 Common S. Thomas						

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				2
IO HOSSITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after		E TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
th certificat		g physician	ase remove	in any ever
res that the deat	ician.	by the attending	ermit. Then plea	or removal, and i
The law requi	affending phys	has been signed	burial-transit p	rial, cremation, c
G PHYSICIAN:	y the hospital or	or this certificate	ed for use as the	ealth prior to bu
R ATTENDING	ay be retained b	RECTOR: Afte	hould be detach	State Dept. of H
TO HOSSITAL O	death. 4 m	TO FUNERAL DI	director, page 3 s	be filed with the
	VR	A1	SI	41

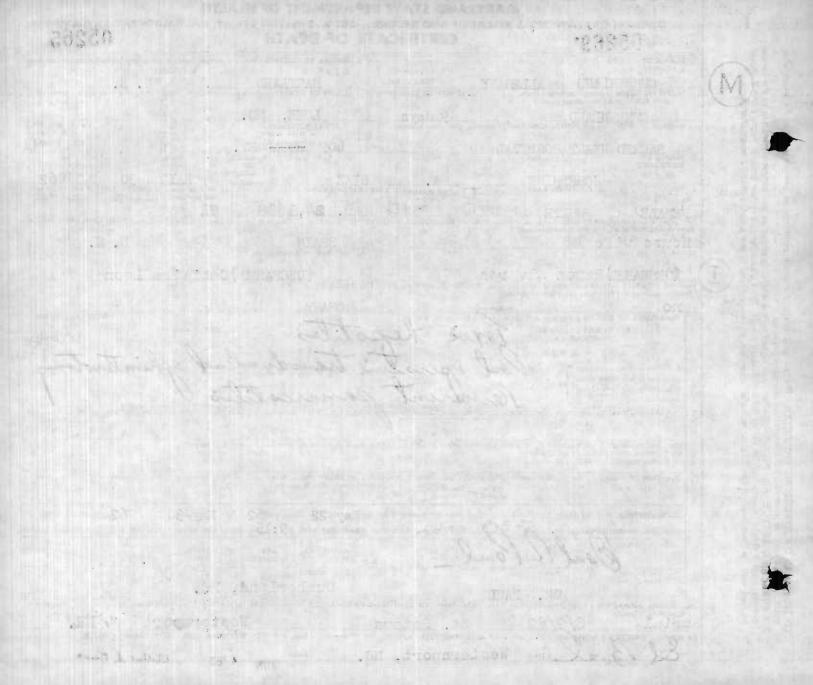
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05265

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence bafore admission)						
	a. STATE b. COUNTY						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
write RURAL and give nearest town)	C. CITT ON TO WITE IT CONTROL COMPONENT WITE ACTIVITY OF THE MONTH OF						
CUMBERT.AND 9 days	LUKE. MD.						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 1. O. IS RESIDENCE						
	ON A FARM? VES \(\text{NO} \(\text{T} \)						
SACRED HEART HOSPITAL	405 51.000						
3. NAME OF first Middle DECEASED	Last 4. DATE Month Day Year OF						
(Type or print) JOSEPHINE	DTAZ MAY 30 19 62						
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
	last birthday) Months Days Hours Min.						
HOS. USDAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Mar. 24,1888 71 yrs.						
dona during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	CIDATAL III C						
House Wife 13. FATHER'S NAME	SPATN U. S.						
19. IMILER 3 IMME	14. MOTHER'S MAIDEN NAME						
(DECEASED Ramon Alvarez	(DECEASED) Casimira Leon						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address						
(Yes, no, or unkown) (Ifyes giva war or dates of sarvica)							
no	CHART						
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (9.)	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY:							
1 27 - 5	IMMEDIATE CAUSE (a) 1914 NEGOLUS (COMP).						
0 0 0 DUE TO () A	I da						
Conditions, if any, which \ (b) 95 pero w	e pansanoalna sprinterolony						
gave rise to immediate cause	-00 //						
(a), stating the underlying Course last.	Dance a Vivia						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
E V	YES NO .						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH 10 (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury In Part I or Part II of item 18.)						
OP CONTRIBUTING CAUSE OF DEATH							
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
Hour a.m. While Not While at work at work	ory, street, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the deceased from	May22						
	death occured at 9:15M, from the causes and on the date stated above,						
22a. SIGNATURE (Q)	22b, DATE						
128. SIGIRATORE 12/2	ATTENDING MED STAFF SIGNED						
K/pm/12/Vmc M	D. PHYS. DIRECTOR PHYS.						
22c. PHYSICIAN'S	22d. ADDRESS						
NAME (Type)	Cumberland, Md.						
DR. PAUL							
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OK CKEMATORT 230. LOCATION (City, town or county) (State)						
Burial 6/2/62 St. Peters	Westernbort Md.						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Westernport, M	DATE 162 Cirthur S. Krama						



moy be in the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

VR A15 (4) 15M 9/59

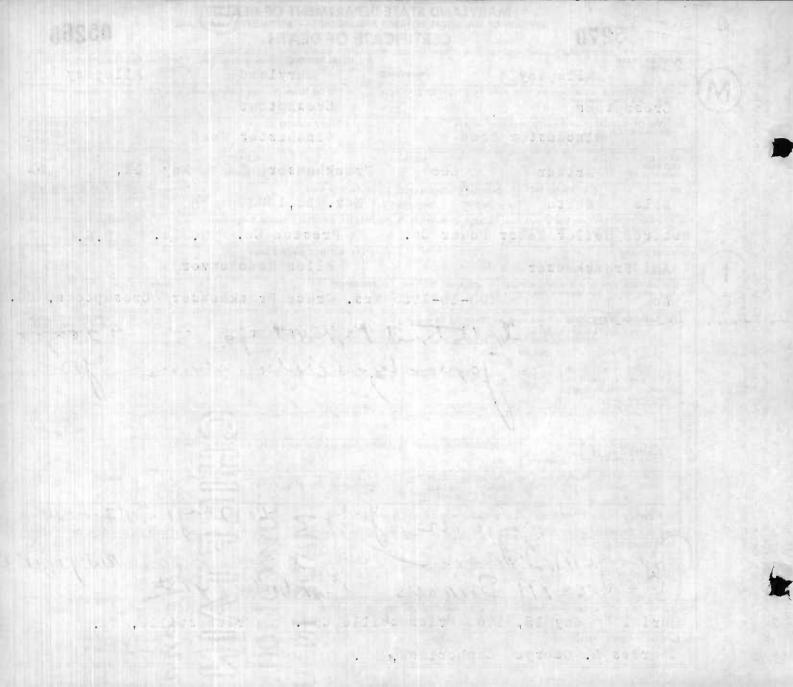
after death. Page 4

Dr. Simons (5270

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05266

								6.77.4	
1. PLACE OF DEATH a. COUNTY	Allegany	MARY		USUAL RESIDENCE (WHO STATE Maryl		d. If institution b. COUNTY	Residence before Allega		n)
b. CITY OR TOWN RURAL and give Cresapt	(If outside corporate limits, nearest town)	write c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o		limits, write RU	RAL and give ne	arest town)	
d. NAME OF HOSP OR INSTITUTION	Winchester	-	1	d. STREET ADDRESS Winches	ter Roa	ı d		IS RESID ON A F YES	ARM3
3. NAME OF DECEASED (Type or print)	Arthur	Lee		ank houser	4. DATE OF DEATH	May	12,		62
5. SEX Male	TAT T . O A	MARRIED NEVER MARRI		ov. 22,18	83 9. A	GE (In years 1st birthdoy) yrs.	Months Doys	Hours	24 HRS. Min.
100. USUAL OCCUPAT during most of wo Retired	ION (Give kind of work don't king Jife, even if setired) OILER Make	Power Co.		Preston	~	v. Va.	12. CITIZEN C		UNTRY?
13. FATHER'S NAME	7.7		1.	MOTHER'S MAIDEN N					
	ankhouser			Ellen R	odeneav		0.00		3
15. WAS DECEASED EV (Yes, no, or unknown) NO	ER IN U. S. ARMED FORCE (If yes, give war ar dates of servi	5? 16. SOCIAL SECURITY NO. 233-16-795		. Grace F	rankhou	Addre AS e r	 Cresap	town,	Md
Conditions, if gave rise to couse (o), stoling lying cause lost	the under-	Japas	lye	1 and	posel	een		pr	
PART II. O' PART III. O'	THER SIGNIFICANT CONDI	fights <u>contributing to de</u>	ATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	PERFORI	MED?
	/AS UNDERLYING ☐ 20 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY O	OCCURRED. (E	nter noture af injury in I	Part I ar Part II a	f item 1B.)			
20c. TIME OF INJU Haur o. m. p. m.	10	20d. INJURY OCCURRED While Not while of work at work		OF INJURY (Hame, farm, street, office bldg., etc		own)	(County)	(Stote)
	at (I) (this haspital) assed alive an W	attended the deceased	I that deat	ATTENDINGMI	M, fram the	causes and	19. 7 d	e stated o	
22c- PAYSICIAN'S NAME (Type)	YRGRIM	SIM ON. 23c. NAME OF CEM	M.D.	22d ADDRESS CONVE	RECTOR PI	mys. 🗆	////	(State)	191
Buria I		1962 Friend				dsvill		(State)	
24. FUNERAL DIRECTO	R'S SIGNATURE L. George	ADDRESS	d. Md.	25a. REC'	D BY REGISTRAR Y 1 6 '62		TRAR'S SIGNATU		
OHGITES	n. ocorde	Oumberrand	A DIVIU	DATE					



FOR STATE HEALTH DEPT. TO DEL X-MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to fife funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05271

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05267

1.	e. COUNTY			2. USUAL RESIDEN	CE (Where de			esidenc	e before	edmission)
		Allegany	MARYLAND	a. STATE	rland	b. COUN	4 7 7	0.00		
1	b. CITY OR TOWN (i	f outside corporete limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orete limits, write	A I I	Give u	eerest low	(n)
1	Cumberl	give neerest town)	38 Years	12						
			in hospitel, give street address)	d. STREET ADDRESS	perland			-	e. IS R	ESIDENCE
		ford Street		200 7 10					ON.	A FARM?
3.	NAME OF	Hord Street	Middle	322 Bedfo	ord Str	eet		Day	YES	NOK
	(Type or print)	15 - 7 - 1			OF DEATH	Monn		Day		
5	SEX	Ralph 6. COLOR OR RACE 7 M	W	Frantz		Ma		6	19	62
1		7.7	THEY EX MARKED	DATE OF BIRTH	9.	AGE (In yeers lest birthdey)		eys	Hours	Min.
10	Male		OWED DIVORCED	July 9, 1885		76 yrs.				
		ON (Give kind of work king life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stete	or foreign cou	ntry)	12. CITIZ	ZEN OI	WHAT	OUNTRY?
	Re	tired Auto M	lechanic	Maryland	d		U	.S.	A -	
13	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		,			
		m F. Frantz		Dide Eliza	beth W	ickard				
		R IN U.S. ARMED FORCES? yes give were relates of service	16. SOCIAL SECURITY NO. 17. 11	NFORMANT		32Address	dford	S+	reat	
	No		220-10-7592 Ra	lph F. Frant	Z	Cumber	rland,	Ma	mel ar	
	18. CAUSE OF D	EATH [Enter only one cause	per line for (e), (b), end (c).]				وساسا	INTE	RVAL BET	WEEN
		I WAS CAUSED BY: MMEDIATE CAUSE (*)	Coronary Occlusio	n					udder	
	420,1	DUE TO	Joseph Jo	7.0				- 5	uddei	-
	Conditions, if eny		Coronary Sclerosi	e				9		
	gave rise to immedia	ite cause	octonary belefor	.0		-		- 8		
	(e), steting the un									
7		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMIN	IAL DISTASS C	CHRITICALICAL	The the Dans	1 1 40		
은	TAKI II. OTILK	SIGNIFICANT CONDITIONS	- CONTRIBOTING TO SEATH BOTHO	I KELATED TO THE TERMIN	AVE DISEASE C	ONDITION GIV	EN IN PAKI	1(0) 15	PERFO	RMED?
FICA	an everbound an	lier live lier						Y	ES 🗌	NO E
CERTIFICATION	20e. EXTERNAL CA PRIMARY ☐ or CON CAUSE OF DEATH.		ESCRIBE HOW INJURY OCCURED. (E	nter neture of Injury in Pert	I or Pert II of	item 18.)				
MEDICAL	20c. TIME OF INJUR			E OF INJURY (Home, farm		or town)	(Coun	ty)		(State)
WED	Hour e.m.		While Not While tecto	ry, street, office bldg., etc.	' i					
			remains described above, hel	d an Autopsy ,	Inspection	XI, Inquir	v 🗖.	and i	in my o	ninion
	death resulted fr	om: Natural causes	KI, Aceident II, Suicio			etermined m	anner 🗍			
- 13		A.3		CHIEF MEDICAL E						
4	ACTUAL	houseles	* Sketarele					201	TE SIG	Simp
	SIGNATURE	Jeneare	Aguaren						ay 6	
	EXAMINER'S NAME (Type)	Benedict Skita	relic	DEPUTY MEDICAL Address (Street, c	4.6	-	9 Cumb			
220	BURIAL, CREMATION		22c. NAME OF CEMETERY OR			ON (City, town,			(Stete	
	Burial	5/9/62	Hillcrest Bur	ial Park	Cumber	rland	Marvla	and		
23	. FUNERAL DIRECTOR		ADDRESS			AR 24b. REGI			RE	
	Ruth E. S:	ilcox Cumb	erland Maryland	DATEMAY	8 '62	1 11	1 8 M			
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	DIVISION OF	STATISTICA			S, 301 W. PREST		BALTIM	ORE 1, MAR	YLAND S599
1	PLACE OF DEATH	EGANY		MARYLAND	2. USUAL RESIDEN		ased lived, If i b. COUN		
		BERLAND		23 DAYS		RLAND	ate limits, write	RURAL end give	neerest town)
0	MEMORIAL H				d. STREET ADDRESS	PENNSYLVA	NIA AV	ENUE	ON A FARM?
1	. NAME OF DECEASED (Type or print)	First	A	Middle M⊕	FULLER	4. DATE OF DEATH	Month	30	19 62
1	FEMALE 6	WHITE	7. MARRIED N	EVER MARRIED 8	7-10-07		AGE (In years ast birthday) 54 yrs.	Months Days	Hours Min.
	Oa, USUAL-OCCUPATION fone during most of working	(Give kind of work ng life, even if retire	d) 10b. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	MARKLANC		12. CITIZEN C	A
	3. FATHER'S NAME	ROBINSON			14. MOTHER'S MAIDEN	RAVENSO	ROUT		
	5. WAS DECEASED EVER Yes, no, or unkown) (Ifye	IN U.S. ARMED FOR sgive were rdetes of se	CES? 16. SOCIAL		ORIAL HOSPIT	TAL,	Address CUMBER	LAND, MD	
	Conditions, if any, y gave rise to immediate (a), stetling the under cause last. PART II. OTHER SI	cause DUE TO	TIONS CONTRIBUTI		OT RELATED TO THE TERM	(NDITION GIV	EN IN PART 1(e) 1	9. WAS AUTOPSY
	2De. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY MI	CAUSE OF DEATH	2Db. DESCRIBE H	OW INJURY OCCURED	. (Enter nature of injury In	Pert I or Pert II of	item 18.}		YES NO
	2De. TIME OF INJURY Hour a.m.	Month, Day, Yee	While No		CE OF INJURY (Home, far ory, street, office bldg., et		r fown)	(County)	(State)
	21. I certify that saw the deceased				death occured at	19.6.7.10 M, from 1			hat (I) (we) la ate stated aboy
	22e. SIGNATURE	unle	wells)	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.		6/4/62
	NAME RTYPE G.		HIMMELWRI	IGHT	133 VIRG			BERLAND,	
	3a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	James .	23c.	Blocke	OR CREMATORY	23d, LOCAT	ION (City, 10)	A, Co	(Stote)
1	4 FUNERAL DIRECTOR'S	STENATURE	P. Du	ADDRESS FIL	258. RE	EUN 7	25b. REC	GISTRAR'S SIGNA Cathur S.	

MARYLAND STATE DEPARTMENT OF HEALTH

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ALLEGARY

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DR. C. OVERTON HIMELIARIEST

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DELICATAL MOSPITAL - MEDICATAL AVE. 319 PUMISYLVANTA AVENUE

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RHODA RAVENSCROTT

ELCHIE HOSPITAL, CUMERLAM, D.

U.S. A

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YHADBILIA

Commence of the May with the wind

135 VINCILLA AVE., CUREALIND, ID.

















1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	05000
\$ £	ů,		05273 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	# #5268
please e	e A	1.	PLACE OF DEATH O. COUNTY ALLEGAN MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Resider O. STATE MARYLAND O. STATE MARYLAND	
Page ,	Burnel		c. CITY OR TOWN (If outside corporate limits, write BURAL) ond give nearest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and Mount Savace Savace	give neorest town)
ctar.	arion X		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Sylvan ReTREAT Columbia Avenue	o, IS RESIDENCE ON A FARM? YES NO
uneral	Por signature de la construction	3.	NAME OF DECEASED (Type or print) HARRY Middle Lost 4. DATE OF OF MONTH OF DEATH MAY	Day Year 3 1962
to the fined for		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) MALE WIDOWED DIVORCED JUNE 1/884 9. AGE (in years lost birthday) Months C	YEAR IF UNDER 24 HRS. Days Hours Min.
and 3	7 00	100	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) ANITOR 12. CITIZ MOUNT SAVACE ME	LEN OF WHAT COUNTRY?
es 1, 2, 5 may		13	FATHER'S NAME HNDREW GAUGAAN 14. MOTHER'S MAIDEN NAME ATHERINE	
4 0 10 .		15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. BRIDGET GAUGH	MI, JAVAG
oted wit n 18. G rm PM3.	i de la companya de l		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ACUTE CARDIAC FAILURE	INTERVAL BETWEEN ONSET AND DEATH SMDDEN
l in Iter with fo			Conditions, If ony, which) Conditions, If ony, which) CHRONIC MYOCARDITIS	date date date
shauld n penci alang			gove rise to immediate couse (a), stating the underlying (c) CORONARY SCLEROSIS; AORTIC AND MITRAL STE	NOSIS
ding" i	2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
d pen		L CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
the war	2 9	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) (City or town) (Cour town)	nty) (State)
AL EXAM e, writing Chief Med	2		21. 1 certify that I taok charge af the remains described above, held an Autapsy X, Inspection X, Inquiry death resulted fram: Natural causes X. Accident \(\Bar{\pi} \), Suicide \(\Bar{\pi} \), Hamicide \(\Bar{\pi} \), Undetermined cause \(\Bar{\pi} \).	, 🔼, and find that
rtificat	4		ASSISTANT MEDICAL EXAMINER L	, 1962
DEPUTY of the	2	720	EXAMINER'S BENEDICT SKITARELIC?, M.D. DEPUTY MEDICAL EXAMINER DUMBER Land PROPERTY OF CREMATORY (22d. LOCATION (City, fown, or county)	
5 2 5	0	1.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS DEAD REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	
VS. A15MI 5M 9/55	11		Harvey It, Zeigler, Hyndman, A DATE MAY 7 '62 Corling 8.	Thank

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN MEDICAL EXAMINER'S HFALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution, Residence before admission) necessary, a. COUNTY b. COUNTY Allegany Maryland files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) Lonaconing Lonaconing d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) d. STREET ADDRESS for West Main Street West Main Street 4. DATE NAME OF Middle Last Month DECEASED (Type or print) DEATH Homer Jacob Gentry May aft 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR birthday) Months Male WIDOWED [DIVORCED X 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) Coal Mine Franklin, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Gentry Stella Turner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Westermport, Md. Josephine Brummage 18. CAUSE OF DEATH |Enter only one cause per I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediata cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPS CERTIFICATION o 208. EXTERNAL CAUSE WAS PRIMARY L or CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 20b. Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, factory street, office bldg., atc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident Suicide XI Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) shoul 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREO 22d. LOCATION (City, lown, or country) REMOVAL (Spacify) 040 p Burial Senset Memorial Park Cumberland ADDRESS 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur I. Krous '62 Lonaconing, Md. George Eichhorn 5M 7/59 DATE AUN

Allegany

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Days

(County)

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a. IS RESIDENCE ON A FARM?

YES NO IX

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Year

IF UNDER 24 HRS.

PERFORM

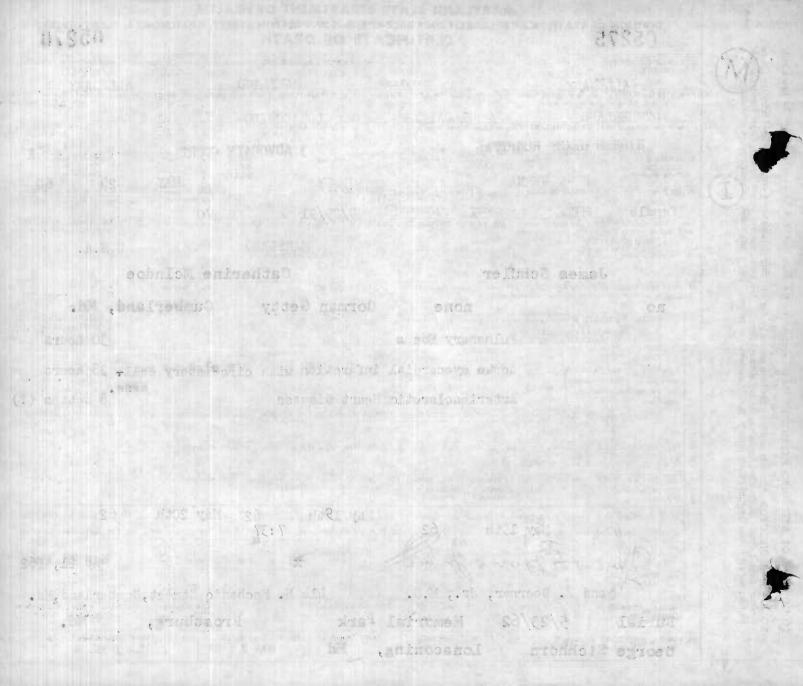
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (15271)

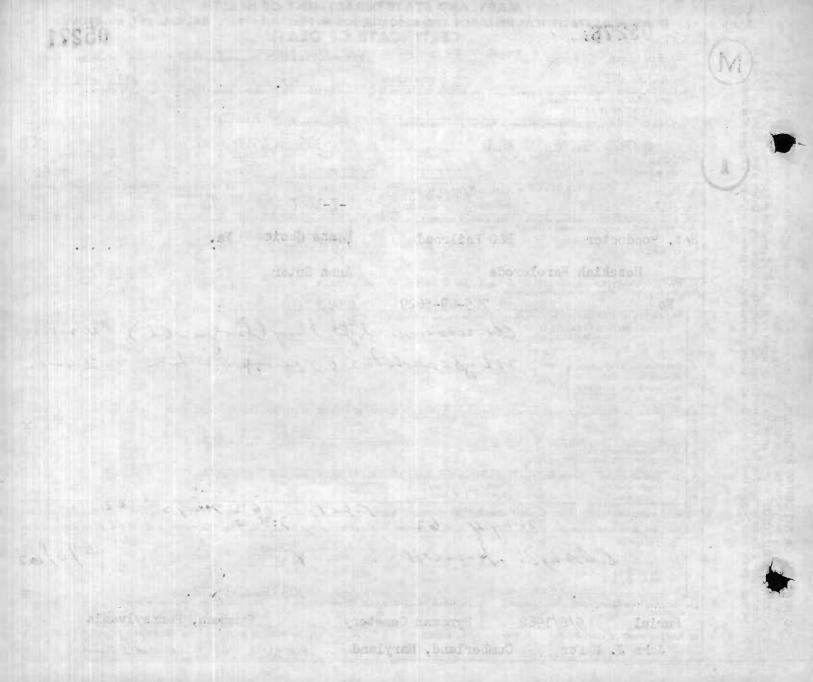
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I.	write RURAL en	d give nearest town)	c. LENG	IN OF STATEMENT	c, Citt Ok it	O W M (II ourside corporar	a limits, with	KOKAL and 9	THE HELDOSI TOWN,	
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3.	NAME OF	First		Middle	Last	4. DATE	Month		Day Year	n.
	Type or print)					OF DEATH			. 10 .	
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dor	a during most of w	TION (Give kind of work orking life, avan if ratired)	10b. KIND OF BU	SINESS OR INDUS	II. BIRTHPLACE	(County & State, or fore	ign country)	12. 011122	NOT WHAT COOL	1611
	HOUSE				3/1	ADVI AND		7.1	0 4	
13	FATHER'S NAME	AA T T. To			14. MOTHER'S M	ARYLAND		U.	S.A.	-
13.	TATTIER 3 NAME				14. MOTHER 3 M	The Park of the Pa				
		James Schi	uler			Catherine	MeI	ndoe		
		VER IN U.S. ARMED FORCE		CURITY NO. 17	. INFORMANT		Addrass			
(Ye	, no, or unkown)	(If yes give wer or datas of ser			Common C		leamb a	han fa	MA	
	no		non		Gorman G	etty	umbe.	rland,		
	18. CAUSE OF	DEATH [Entar only one c	ausa par lina for (a),	(b), and (c).]					ONSET AND DEAT	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pul manantr	Edama	*				30 hours	
		IMMEDIATE CAUSE (a)	Turning A	Tel Chief					Jo Hours	
	420,0	OUE TO								1
	Conditions, if an	y, which \ (b)	Acute myo	cardial	infarction	with circul	atany	cella	38 hours	
	gava rise to immad	diata cause	TO CO III			WIL DEL CILL CU	Lavor	1707	J. 110 CL -	
	(e), stating tha	underlying > DUE TO						apse.	0	10
	causa last.) (c)	Arteriosc.	Leretic	Heart dise	ase			o months	(3
z	PART II. OTHI	ER SIGNIFICANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE CO	NDITION GIV	EN IN PART 1	e) 19. WAS AUTO	
2				-					PERFORME	77
3									YES NO	
CERTIFICATION	20e. ACCIDENT V		20b. DESCRIBE HOY	V INJURY OCCU	RED. (Enter nature of in	jury in Pert I or Part II of	itam 1B.)			
8	OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)								
- 1	(IF EITHER, NOTIF							1.0		
3	20c. TIME OF INJ	URY Month, Day, Year	20d. INJURY O		PLACE OF INJURY (Ho fectory, street, office bl		town)	(County	y) (Stef	1)
MEDICAL	Hour e.m.		Whila Not V	4 Hills	ractory, Street, Office Di	ag., arc.)				
Z	p.m.					4 25	2011			-
	21. I certify	that (I) (this hospita	I) attended the	deceased from	mMay 18th	, 1962, to Ma	y20t	h, 196	2 that (I) (we)	las
	44	sed alive on May	79th 10	62 and 11	nat death occured	1 at7 : 374 from t	ne causes	and on the	date stated at	
		aseo alive oli.a.a	AT-Z7. 61	and in	al deall occurre	2	10 00000		22b. D/	ove
	220. SIGNATURE	(6)	()	11:	ATTENDING	MED.	STAFF		SI	
	(h)	10 to 11	Austr	MEL		DIRECTOR	PHYS.		May 21.19	ATE GNED
	- V. W.	Source Des	//		22d. ADDRE	SS		-		ATE GNED
	22. PHYSICIAN'S		V	4 -						ATE GNED
	22c. PHYSICIAN	e)				27 27 1 4				SNED
	NAME HYP	yand F. Doer	ner, Jr.	M.D.	414	N. Mechani	Stre	et Cumb	erland Md	SNED
23-	NAME HYP		ner, Jr.,		RY OR CREMATORY	No Mechania	Stre	et Cumb	perland Md	SNED
23a	NAME HYP	yand F. Doer	OF 23c. NA	ME OF CEMETER	RY OR CREMATORY	23d. LOCATI	ON (City, to	wn or county)	(Stata)	SNED
23a	NAME HYP		OF 23c. NA		Park	Fro	on (City, to	S)	Md • (Stata)	SNED
	BURIAL, CREMA REMOVAL Spain	TION, 23b. DATE THERE 5/23/ DR'S SIGNATURE	62 23c. NA	morial DDRESS	Park	Fro	Stbur R 256. RE	S GISTRAR'S SIG	Md (Stata)	SNED
	BURIAL, CREMA REMOVAL Spain	5/23/	62 23c. NA	morial	Park Md	Fro	Stbur R 256. RE	S)	Md (Stata)	SNED



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05271
M M	1. PLACE OF DEATH a. COUNTY ALLEGANY
ied in by the sages 1 and sages 1 and safter deat	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CUMBERIAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADD
Petely fill	SACRED HEART HOSPITAL 345 BALTIMORE AVE YES NOW NO. 13. NAME OF First Middle Last 4. DATE Month Dey Yeer
complete of the part of the pa	(Type or print) JOHN WILLIAM HARCLERODE DEATH 5 5 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years 1F UNDER 1 YEAR 1F UNDER 24 HRS.)
en and	MALE W WIDOWED DIVORCED W 8-7-1887 74 yrs. Months Devs Hours Min. Divorced W 8-7-1887 74 yrs. Months Devs Hours Min. Divorced W 97-1887 74 yrs.
physici	Ret. Conductor 13. FATHER'S NAME Ret. Working life, even if relired) 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME U.S.A.
stending hen pleas al, and i	Hezekiah Harclerode Anna Suter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Addres
d by the a permit. To	No 705-09-5629 CHART 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHART ONSET AND DEATH From
een signe ial-transit remation,	PART I. DEATH WAS CAUSED BY: Conditions, if any, which (b) Mysepredites c. Seconforms to some some some some some some some som
the bur burial, o	(e), stating the underlying DUE TO cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
use as	YES NO I
ed for ed for ealth p	© OR CONTRIBUTING □ CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER)
detach	Hour a.m. p.m. While Not While factory, street, office bldg., etc.) p.m. 19 at work at work
ould be ate Der	21. I certify that (I) (this hospital) attended the deceased from fight 1, 196, 40 7111, 196, 196, 196, 196, 196, 196, 196,
AL DIR ge 3 sh h the St	22e. SIGNATURE LENGTH M.D. ATTENDING MED. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22d. ADDRESS
UNERAN tor, page led with	NAME (Type) DR. DURRETT 303 GRANDE AVE.
TO Pied File	Burial 5/8/1962 Hyndman Cemetery Hyndman, Pennsylvania
S (4) 7/61	John J. Hafer Cumberland, Maryland Date MAY 8 '62 Cultury S. Known

thin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH Haferais



TO HOSPITAL OR AT may be rely red by TO FUNERA! RECT page 3 shauld be d the registrar prior to

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05277

CERTIFICATE OF DEATH

05272 Reg. Dist. No

1. PLACE OF DEATH o. COUNTY	Allegany		MARYLA		o. STATE Ma 1		ere deceased and	d lived. If institut b. COUNTY		nce befor		ion)
b. CITY OR TOWN (I RURAL and give no Cumber 1	If outside corporate limit earest town) and	s, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOW			rate limits, write l	RURAL ond	give nea	rest towr)
d NAME OF HOSPIT OR INSTITUTION Memoria	AL (If not in hospital, g 1 HOSP.	ive street o	oddress)		d. STREET ADDR		mac S	St.,				FARM?
3. NAME OF DECEASED (Type or print)	Elizab		Middle Bessie		Losi Hartman		4. DATE OF DEATH	Ma		Do:		Year 19 62
5. SEX Female	6. COLOR OR RACE White	7. MARRI WIDOWE	D DIVORCED	_	DATE OF BIRTH Feb. 15	, 1		9. AGE (In years last birthday) O yrs	Manths	Days	IF UNDI Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during most of world Cafeteria	ON (Give kind of work of king life, even if retired) Employee	lone 10b.	kind of Business or lanese Co		Cumber				12. CI		S.	COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MA	IDEN N	AME				*	
John !	Hartman			1,5	Marg	gar	et Ar	nn Pend	erga	st		
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR(rvicel	SOCIAL SECURITY NO. 7-10-4125		ormant S. Richa	a r d	н. 1		dress	Ci	umb.	
Canditions, if a gave rise to i cause (a), stating lying cause last.	the under-	2	Orona	0	arte	21	y 2	dusés	ae	4	200	so,
CATIC			ONTRIBUTING TO DEATH						VEN IN PAI	RT 1(o) 19	PERFO	AUTOPSY PRMED? NO 🔣
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	400. DE3C	KIBE HOW INJURY OCC	LUKKED.	conter nature or inju	ury in r	arri ar ran	ill or trem is.				
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yea	While	UURY OCCURRED 20 Not while at work	0e. PLAC factor	E OF INJURY (Homery, street, affice bld	e, form, g., etc.	20f. (City	ar tawn)		(County)		(State)
alive on	of I attended the	7	2. and that d	S, leath a		So.	M, from	tre St.	and on t	the dat	e state	ed abave. ATE SIGNED
PHYSICIAN'S NAME (Type) W 220. BURIAL, CREMATIO			M. D.	EDV OR (and,	M C .				
Burial (Specify)	5/9/62		St. Mary		emetery		Cui	mberlan	d, M			•
23. FUNERAL DIRECTOR	George George	Cumb	address perland, N	Id.	24a	86.4	AY 1 1		Lithung			

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TO HOSPATAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death.	O FL	director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers, rages I and 2 spread be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
-	H	

VR A1S (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

05278 CERTIFICATE OF DEATH 115273

1		
/	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence bafore admission) a. STATE b. COUNTY
	Allegany	Maryland Allegany
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	rlintstone, Md. 32 years	X Flintstone, Md.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Pleasant Valley Road	Pleasant Valley Road YES X NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
	(Type or print) Charles M.	Hauser DEATH May 23 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Wash birthday) Months Days Hours Min.
	Male White WIDOWED X DIVORCED S	Sept. 6, 1883 78 yrs. Months Deys Hours Min.
ы	10a. USUAL OCCUPATION (Give kind of work	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Retired Farmer Self Employed	Cumberland, Md. USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	August Hauser	Katherina Troll
9	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	
	(Yes, no, or unkown) (Ifyesgivewerordelesofservice) 220-3800357 Mi	rs. Ambrose Miltenberger, Flintston e
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PART I. DEATH WAS CAUSED BY: ON THE PROPERTY OF THE PROPERT	ais
	450.0 DUE TO	
	Conditions, if any, which (b)	
	geva rise to immediate cause (e), stating the underlying DUE TO	
	cause lest. (c)	
di	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	Chronic Bronch	YES NO
ā	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER WAS UNDERLYING TO DEATH DO RECONTRIBUTING CAUSE OF DEATH OF D	(Enter nature of injury in Part I or Part II of item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	Hour a.m. While Not While st work at work	ory, street, onter brog., etc.,
	21. I certify that (I) (this hospital) attended the deceased from.	9/13 , 1961, to 5/23 , 1962, that (I) (we) last
	saw the deceased alive on. 3/14 1962, and that	death occured at
	22e. SIGNATURE	22b. DATE
	Seo N. Ley &	D. PHYS. DIRECTOR PHYS. 37236
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) LEO H. LEY JR,	456 N. Centre St. Cumpertene
7	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
8	Burial May 25, 1962 SS. Peter &	Paul Cemetery Cumberland, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	James F. Scarpelli, Cumberland, Md	DATE MAY 31 '62 Circher S. Trans

NOTE OF THE OWNER. COMPANION OF STREET all and some some 部件表示はから タマが ニントステナ チャニ

funeral 岩石草 by the and deat .5 7 hours completely

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	4 may be retain	EAAL DIRECTOR:	page 3 should be d	with the State Dent
DING PH	ned by the	After this	etached for	of Health r
YSICIAN:	hospital or a	certificate ha	use as the k	prior to hiria
The law rec	ittending ph	s been sign	ourial-transit	I cremation
quires that	ysician.	ed by the	permit. 1	Or remon
the death		affending	hen please	ni bas les
certificate		physician a	eremove c	any aven
2		pue	arb	2

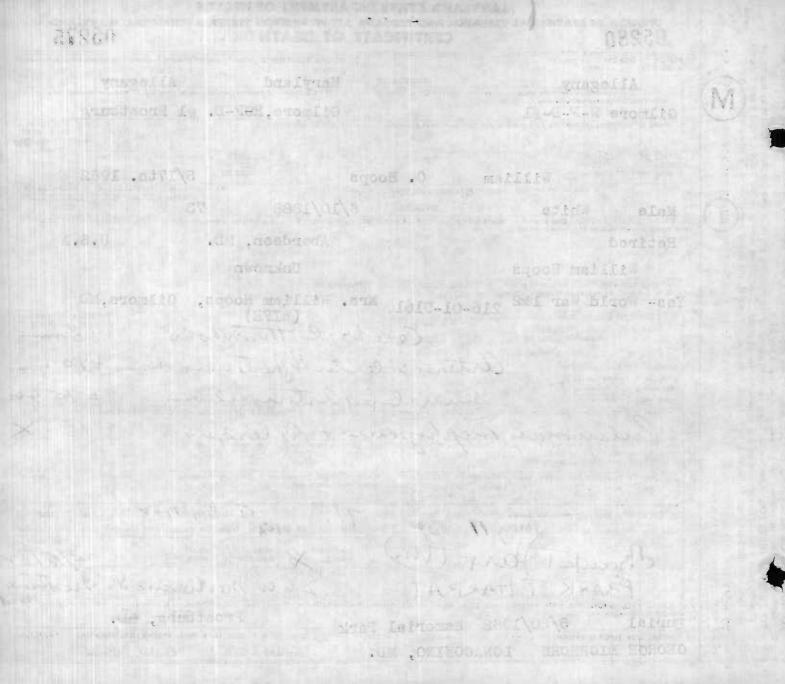
MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before edmission) a. COUNTY a, STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND MARYLAND b. CfTY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ${ t FROSTBURG}$ DAYS FROSTBURG 6 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOSPITAL VICTORIA YES NO X 3. NAME OF Middle DATE 4. Month Day Year DECEASED OF (Type or print) DEATH MARY V. HOLT7 MAY 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (fn years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stata, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) HOUSEWIFE HOUSEWORK ROUMANIA ROUMANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THEODORE UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ad dress (Yas, no, or unkown) | (Ifyasgiva war or dates of servica INTÉRVAL BETWEEN 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c).] ONSET AND PEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immadiate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury in Part I or Part II of itam 18.) (# EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) Month, Day, Year factory, streat, office bldg., atc.) Hour e.m. While Not While at work el work p.m. hospital) attended the deceased from C saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS.

CERTIFICATION 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WEDICAL M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type B JOHN DAVIS BROADWAY, FROSTBURG, MD. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) (Specify) \mathtt{MD} . 256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATUR DATE

1 - 1

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY Maryland Allegany
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) MARYLAND b. CITY OR TOWN (if ourside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Gilmore. ROF-D. #1 Frostburg Gilmore R-F-D-#1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF First Middle 4. DATE Month DECEASED (Type or print) DEATH 17th. C. Hoops 1962 William 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours 73 yrs. WIDOWED T Male 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working lile, even il retired) U.S.A Aberdeen, MD. Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Hoops Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mrs. William Hoops. Gilmore. MD Yes- World 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO hertensin disiase \$1 Conditions, if env. which gave rise to immediate cause DUE TO (a), stating tha underlying cause last. CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY OTHER SIGNIFICANT CONDITIONS CO PERFORMED NO neu 20e. ACCIDENT WAS UNDERLYING | Ob. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, straet, office bldg., etc.) While Not While et work et work p.m. 19.57 to Keas 17/62, 19, that (1) (cos) last 19.6.2 and that death occured at I.Q.M., from the causes and on the date stated above. saw the deceased alive on ... 22e. SIGNATUR ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D 22d. ADDRES 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY る寺の REMOVAL (Specify) Frostburg, MD. 1962 Rurial Memorial Park 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 GEORGE EICHHORN LONACONING, MD. DATEMAY 2 3 '62 arthur S. Thrus

RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) is nec. director. Pas-vour files. e. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits. MARYLAND Md. Allegany c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) ay be retained for your with the State Board of McCoole McCoole d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ar death. If any Geral and 3 to the funeral R.F.D.3 Keyser, W.Va. YES NO Keyser (Home) Year DECEASED OF (Type or print) DEATH 19 62 Tacovone May. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH may 2 with rage 5 m. 1 and 2 w. 72 hours last birthday) Hours WIDOWED DIVORCED 6 Male March. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? uld be executed within 24 hours aft in pencil in Item 18. Give Pages 1, 2 Aftice along with form PM3. Page done during most of working life, even if retired) Retired Trackman Railroad Italy pages 1 Italv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes. no. or unkown) | (If yes give wer or detes of service) Frank Iacovone Keyser W. Va. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSTON IMMEDIATE CAUSE (e) SHDDEN DUE TO EXAMINER: This certificate should CORONARY SCLEROSTS Conditions, if any, which (b) "pending" gave rise to immediate cause (0) DUE TO (a), steting the underlying Examiner' SE cause last. used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 cute the certificate, writing the word NO plnods 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. Chief age 3 the C. Page 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry Y Y and in my opinion KEDICAL Natural causes Accident Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE Y DEPUTY MEDICAL EXAMINER May 19, 1962 EXAMINER'S ease exe BENEDICT SKITARELIC, M.D. Address (Street, city, town, or count Cumberland, Md. DEPU NAME (Typa) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION. REMOVAL (Specify) ₽40 p St. Thomas Cemetery Keyser W. Va. Burial 23. FUNERAL DIRECTOR **ADDRESS** OrThur S. Krous VS. A15ME Keyser W. Va. SM 9/60

RYLAND STATE DEPARTMENT OF HEALTH

1500 * The spoyonal -TT - MISSIRE DE ST Deneded Shateralad Y 348 19, 1901 Destruction and the state of the state of The second sensor a second sensor as a second A THE SECOND STREET OF THE PROPERTY OF THE thin 24 hours after TO HOSPICAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. A stand by the hospital or attending physician.

TO FUNDALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death The law requires that the death certificate be executed

VR A1S (4)

1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05282 CERTIFICATE OF DEATH 05277

. PLACE OF DEATH				\$1 J. 16 1 111 D D	
a. COUNTY COANY		2. USUAL RESIDENCE		b. COUNTY	sidence before admissio
ALLEGANY	MARYLAND	. STATE W. VA.		MINERA	
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate lin	nits, write RURAL and	give nearast fown)
RIDGELEY, W. VA	4 DAYS	RIDGELEY	.W.VA	85	x · 3 ·
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spitel, give street eddress)	d. STREET ADDRESS 20 WABASH	I ST		ON A FARM
MEMORIAL & WARWICK AVE.	Middle		DATE	1415	
DECEASED (Type or print) GEORGE	E DW AR D	JUSTICE	OF DEATH	MA Y	20 19 62
S. SEX MALE 6. COLOR OR RACE 7. MARRIN WIDOW		5-15-1916		(In yeers IF UNDER 1 Yorkhday) O yrs.	YEAR IF UNDER 24 HRS
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& Stete, or foreign	country) 12. CITIZ	EN OF WHAT COUNTR
Trainman W.	Md. Rwy.	HENDRICKS.W		U.S.	١.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N			
ALONZO JUSTICE		ETT	A V. CA	RR	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Yes, no, or unknown) (If yes give wer or detes of service)	SOCIAL SECURITY NO. 17. 11	NFORMANT		Address	
No.	M	EMORIAL HOSPI	TAL.CUMBE	RLAND MD.	
18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), end (c).]		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTERVAL BETWEEN
PART F. DEATH WAS CAUSED BY:	Manning -	somero			ONSETAND DEATH
Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last.	fertensi	ecardi	o Van	cular	years
(c)	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDIT	TION GIVEN IN PART	19. WAS AUTOPS'
	COIDE HOW INTERVOCCIDED	/Enter nature of injury in De	of Law Boot II of its	18)	YES NO
OR CONTRIBUTING [] CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pe	rfΙor Part II of item	18.)	YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED 20e. PLA	(Enter neture of injury in Pe CE OF INJURY (Home, ferm, rry, street, office bldg., etc.)	of I or Part II of item 20f. (City or low		
Do. ACCIDENT WAS UNDERLYING OP CONTRIBUTING OP CONTRIBU	INJURY OCCURRED 20e. PLA: Not While factor	CE OF INJURY (Home, farm,	20f. (City or low	n) (Coun	(Stele)
20e. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. 19 20d. While 21. 1 certify that (I) (this hospital) attentions aw the degeased alive on 22e. SISNATURE	INJURY OCCURRED 20e. PLA: Not While factor in the deceased from	ce OF INJURY (Home, farm, pry, street, office bldg., etc.) death occured av. 2.5 ATTENDING DIR	20f. (Cliv or low to 5)	n) (Coun	(Stefe)
20e. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 21. 1 certify that (I) (this hospital) attentions awith deceased alive on	INJURY OCCURRED 20°. PLAN Not While of work indeed the deceased from 19	death occured a 7.2.5 ATTENDING PHYS. 22d. ADDRESS	20f. (Cliy or low to 5)	n) (Coun	(Stete) , that (I) (we) like date stated above 22b. DATE SIGN
20e. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour B.m. 19 21. certify that (I) (this hospital) attentions and the degreesed alive on	INJURY OCCURRED 20e. PLAGE of work at work and that the deceased from	death occured av. 2.5 ATTENDING PHYS. 22d. ADDRESS L25 BEDF	20f. (Cliy or low to STA DO ST . CO 23d. LOCATION	causes and on the	(Stete), that (I) (we) live date stated above 22b. DATE SIGN
20b. ACCIDENT WAS UNDERLYING OP CONTRIBUTING OP CONTRIBUTION OP CONTRIB	INJURY OCCURRED 20e. PLAGE of work at work and that the deceased from	death occured av. 15 ATTENDING DR ATTENDING DR 22d. ADDRESS CR CREMATORY Cemetery 25a. REC'D	20f. (Cliy or low to 5) OR, Mom the CORD ST.,	causes and on the City, town or county	(Stete) , that (I) (we) I ee date stated above 22b. DATE SIGN MD . S 21/4 (Stete)

* 5 5 5 5 SYLVETTE LA MAYSUSPONS AV. W. Yall cola ENGLISH HISBITALISM AVE. TE HERBALL OF Hard Street 2. 1-1-1-BTHW COUNTY EVERTON CONTROL OF THE PROPERTY. TOTAL CONTRACTOR OF THE PARTY O JIR/OT TENTON DR. THOMAS LUSBY LES EDICHE ST., JUNEAU, FC. in agree deorge panelitions, but .- we see the server

OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY Allegany by the MARVIAND Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) filled in Pages 1 urs after Cumberland Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS Allegany County completely 3. NAME OF 4. DATE DECEASED OF (Type or print) Frederick DEATH Kerber 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male DIVORCED WIDOWED X 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) Shoe Store Cumberland, Maryland Retired: Merchant Then please 13. FATHER'S NAME 2 law requires that the death Josephine Berkhard

16. SOCIAL SECURITY NO. 17. INFORMANT P.O.BOX 599, Address Cumberland. Md. John Kerber 15. WAS DECEASED EVER IN U.S. ARMED FORCES? removal. (Yes, no, or unkown) | (Hyesgive war or dates of service) physician. No. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) arterio selevaries Secule Conditions, it any, which geve rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION S o 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from.... /62 ______, and that death occared at P.....M, from the causes and on the date stated above. deceased alive on... ATTENDING DIRECTOR PHYS. M D 22d. ADDRESS Lee B. Mathews filed v FUNE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF O F A 5/26/62 SS. Peter & Paul Cem. ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE

Charles L. George.

Cumberland. Md.

AARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NOT Yeer 19 62 Mav 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 12. CITIZEN OF WHAT COUNTRY? U. S. A. Allegany County Infirmary records. ONSET AND DEATH PERFORMED? NO X 20f. (City or town) (County) (Stete) 211/62., 19....., that (I) (we) last 22b. DATE SIGNED Greene St., Cumberland, Md. (State) Cumberland, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAY 2 8 '62 Cinthan & Kross

Allegany

b. COUNTY

15M 7/61

6 . . . State Plant - 3/11/59 - France Court - State State - S talegrapy doubt, Information 55 form Townson wallish coderion noirebers mailish 6.119 Mele Milite I2/22/1876 Bg Roticed; More Sunt . Deserved Cumberland, Pargland D. B. H. Tolesoine Terking Curver Lard, googe H aniol. 221-95-135h; Clemmy County williams; Manney Mood, Pis. Mayo Constitute & Romanie Myricalice Grand to The sciences 5/2/2 5/81,58 3/25/62 The allower will head Dr. Loe B. Mccheye 19 Creece St., Ounderland, 191. Charles L. Guerro, Challerland, St. Leet D. P. Links

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Pages 1. FROSTBURG 5. CUMBERLAND. MD. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS HOSPITAL BOX completely 3. NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) DEATH FRANK HENRY MAY 5. SEX AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED and last birthday) Months WIDOWED [DIVORCED A death certificate 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) COAL MINING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | Then please SARAH K. COOK JOHN H. KLOSTERMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) KLOSTERMAN, MT. SAVAGE, MD. FRANCIS 1B. CAUSE OF DEATH Enter only one cause per line for PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm. 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work n.m saw the deceased alive on 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23e. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0.5 B CUMBERLAND. CEMETERY 24 FUNERAL DIRECTOR'S SIGNATUR

VR A15 (4) 15M 7/61

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

DATE MAY 1 6 '62

Cirthun & Thouse

(County)

ALLEGANY

TOTH

Dave

e. IS RESIDENCE ON A FARM?

YES NO Z

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED? NO

(State)

22b. DATE

(State)

MD.

SIGNED

12. CITIZEN OF WHAT COUNTRY?

USA

IF UNDER 24 HRS.

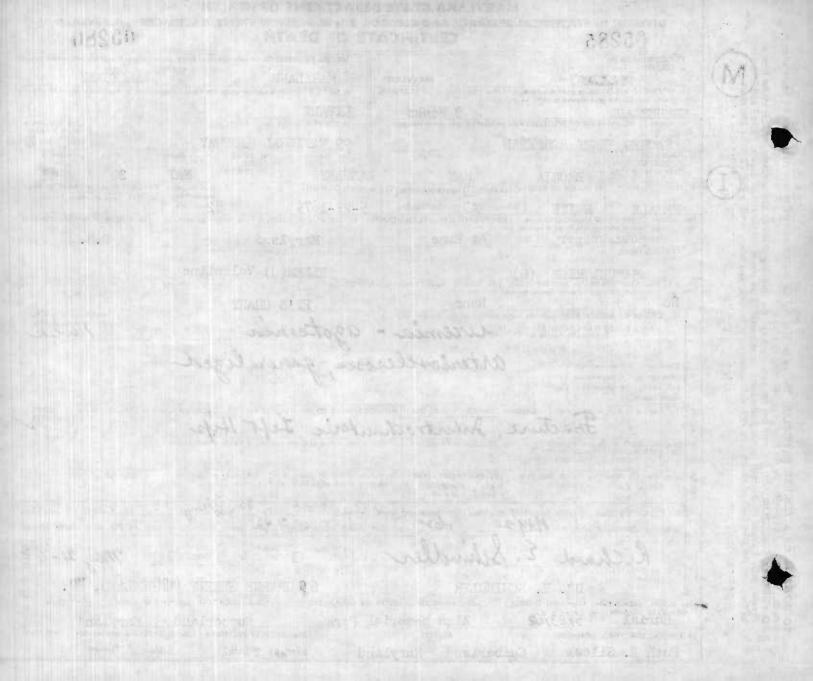
Min

TO HOSPINAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. The law be retained by the hospital or altending physician.

TO FUNETAL DIRECTOR: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defined. VR A15 (4) 15M 7/61

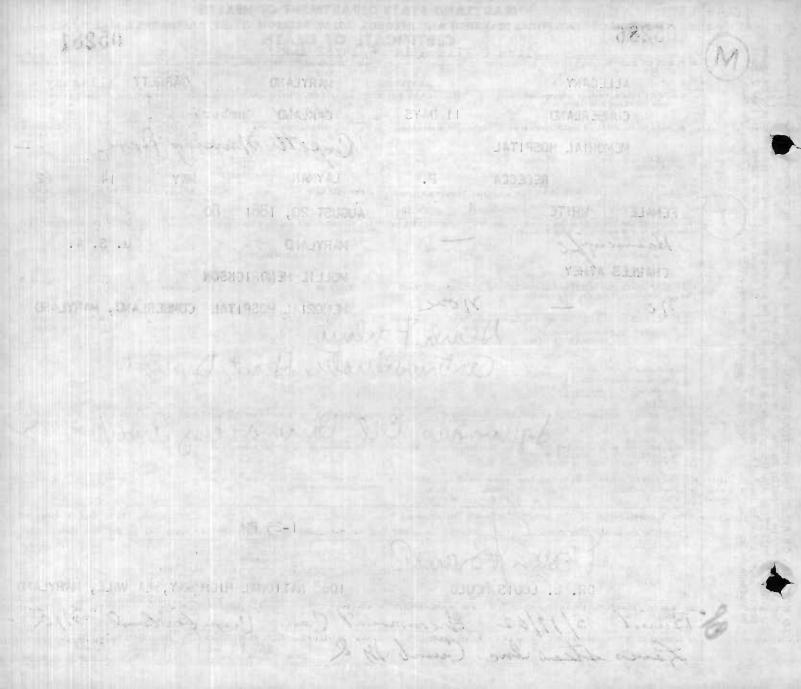
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05285 CERTIFICATE OF DEATH 05280

a. COUNTY								
	· I			2. USUAL RESIDE	NCE (Where			enca before edmission)
	EGANY		MARYLANI	* STATE MARYLAN	D	b. cour	ALLEG	ANY
b. CITY OR TOWN (if outside corporate limit	ts,	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(If outside co	rporate limits, writ	e RURAL and giv	a naarest town)
CUMBERLAND			3 Weeks	XLAVALE				
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in hospi	ital, give street address)	d. STREET ADDRES	S			a. IS RESIDENCE ON A FARM?
SACRED H	EART HOSPIT	PΔT.		99 NATTON	AL HIG	HWAY		YES NO IX
. NAME OF	First		Middla	Last	4. DATE		h Da	y Year
(Type or print)	BROSIA		MAY	LASHLEY	OF DEAT	н мач	20	19 62
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthdey)		
FEMALE	MHTTE	WIDOWED		5-27-1879		82 yrs.	Months Days	Hours Min.
Da. USUAL OCCUPAT	ION (Give kind of work			STRY 11. BIRTHPLACE (Co	unty & Stata,		12. CITIZEN	OF WHAT COUNTRY
2.9	orking life, even if retire		+ Uomo	367			71	
FATHER'S NAME	ekeeper	A	t Home	Mary I			U	.S.
		F.70 e.						
	EL RICE (I	0)		ELLEN(D) Val	entine		TELEDITE S
	ER IN U.S. ARMED FOR fyesgive war or datas of se		OCIAL SECURITY NO. 17	. INFORMANT		Addras		
No		1	one	PT 'S	CHART			
18. CAUSE OF E	EATH [Entar only one	cause par lin	na for (a), (b), and (c).]	1	1			NTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	1	vremia.	- azoten	ua			1 week
1150	DUE TO							
700,0		ah	vremia terioscle	resi- alex	1000	ized		
Conditions, if any gave risa to immadi	1-/-	w	ixuoraa	coses, gor	wan	ger		
	DUE TO			' //		0		
(a), stating the u	nderlying			20				
cause last.	(c)							
cause last.	(c)	TIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
cause last.	(c)	TIONS CONT	ributing to death but	NOT RELATED TO THE TERM	SINAL DISEAS	E COMPITION GIV	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER	(c)	u, J	Intertro ch	NOT RELATED TO THE TERM Authoric J RED. (Enter nature of injury i	eft 1	tip	VEN IN PART 1(a)	PERFORMED?
PART II. OTHER 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	as underlying and cause of death medical examiner)	20b. DESC	ntertroch	anteric I	off I n Part I or Par	tip	YEN IN PART 1(a)	PERFORMED?
PART II. OTHER 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU Hour a.m.	R SIGNAL ANT CONDITION AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) IRY Month, Day, Yas	20b. DESC	NUTURY OCCURRED 200.	auteric I RED. (Enter nature of injury i	n Part I or Par	Hyp I II of itam 18.)		YES NO
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU Hour a.m. p.m.	R SIGNAL ANT CONDITION AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yan	20b. DESC	AURY OCCURRED 200.	RED. (Enter nature of injury i	n Part I or Par	Hys Ill of itam 18.) City or town)	(County)	PERFORMED? YES NO (Stote)
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU Hour a.m. p.m. 21. I certify t	R SIGNAL ANT CONDITION AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yas 19 hat (I) (this hospit	20b. DESC 20b. DESC ar 20d. It While at work	AURY OCCURRED 20%. Not While at work at the deceased fro	Auteric I RED. (Enter nature of injury i PLACE OF INJURY (Home, fa factory, street, office bldg., a	Part I or Par perm, 20f. (C perm, 19	ill of itam 18.) ity or lown)	(County)	YES NO (Stole)
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20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUMENT OF THE CONTRIBUTING OF THE CONTRIBUTION OF THE CONTR	R SIGNIFICANT CONDITION R SIGNIFICANT CONDITION AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yai 19 hat (I) (this hospit sed alive on MA	20b. DESC ar 20d. If While st work tal) attend Y 20 SCHIND	NOT While at work and to	PLACE OF INJURY (Home, fa factory, street, office bldg., a m. Copard 30 hat death occured at ATTENDING PHYS. 22d. ADDRESS 6.9 GF	n Part I or Part n Part I or Part 20f. (Contect) 19, the part of the part MED. DIRECTOR REENE S	ity or lown) May om the causes STAFF PHYS.	(County) 19.6 and on the MBERLANI	PERFORMED? YES NO (Stete) Athar (I) (we) last date stated above 22b. DATE SIGNED Any 2/-62
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20a, ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU- Hour a.m. p.m. 21. I certify the saw the decease and t	AS UNDERLYING	20b. DESC ar 20d. If While st work tal) attend Y 20 SCHIND	CRIBE HOW INJURY OCCU THE HOW INJURY OCCURRED THE HOW INJURY OCCURRED	PLACE OF INJURY (Home, fa factory, street, office bldg., a m. Claud 30 hat death occured at ATTENDING PHYS. 22d. ADDRESS 62 GF	orm, 20f. (Cont.)	ill of item 18.) City or fown) of the causes phys. CREET CU CATION (City, to berland) ISTRAR 256. RE	(County) 19.6. and on the MBERLANI wn or county) Maryl	PERFORMED? YES NO (Stote) Athat (I) (we) last date stated above 22b. DATE SIGNED 2/-62 O, MD. (Stata) AATURE



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y filled Page ours at		d		MORIAL HOSP		, giva streat address)	d. STREET ADDRESS		sino H	phie!	ON A FARM?		
npletel papers 72 h		I	NAME OF DECEASED	First		Middle	yast .	4. DATE OF	Month	Day	Yeer		
× 5 .=			Type or print)	REB	ECCA	Р.	LAYMAN	DEATH	MAY	14	19 62		
and co	I	5. 3			7. MARRIED WIDOWED	THE VER MUCKAGED	8. DATE OF BIRTH	la la	GE (In years IF UN Moni		F UNDER 24 HRS. Hours Min.		
w		10a.	USUAL OCCUPAT	ION (Give kind of work	10b. KIND		AUGUST 20,	anty & State, or fore		CITIZEN OF	WHAT COUNTRY?		
certificat physician a remove		don	However of wo	rking life, seen if retire	d)		MARYLAND		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U.S.			
ing ing d in		13.	FATHER'S MAME 14. MOTHER'S MAIDEN NAME										
endi n pl		15	CHARLES ATHEY MOLLIE HENDRICKSON 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address										
the att		(Yes	o, or unkown) (I	fyes give wer or datas of s	ervice)	1 A			Address				
thair.		-	18. CAUSE OF D	EATH [Enter only one	cause per line (for (a), (b), and (c)	MEMORIAL	HOSPITAL	CUMBERL		RYLAND		
vsicia d by perm			PART I. DEAT	H WAS CAUSED BY:	120	en la ta	Vini.				T AND DEATH		
phy phy igne igne insit			420.0	DUE TO		0-0	0 11	- 4	1				
ding en s en s ena			Conditions, if any	, which) (b)	()	Lugarita	malu k	Hart 1	Susua	e			
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or a be he he bourie			cause lest.) (c).									
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YSIC hosp certif certif								a lu	VY YE	s NO			
this of for alth p		2 0	OR CONTRIBUTING	AS UNDERLYTING D CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIB	E HOW INJURY OCCURE	D. (Enter neture of injury in	n Perf I or Perf II of	itam (8.)				
DING led by After stache of He		MEDICAL	20c. TIME OF INJU	RY Month, Day, Yes	While	Not While fac	ACE OF INJURY (Home, factory, street, office bldg., et	rm, 20f. (City or	town)	(County)	(Stete)		
CENT OR: De de		- -	p.m.	19	at work			1					
CCTC CTC				C =			t death occured at						
OR ay E			saw the deceas	ed alive on		19, and tha	death occured ar.	M;"from th	e causes and	on the date	22b. DATE		
TE DE S				Trami	~ HS	saule.	ATTENDING PHYS.		STAFF PHYS. [SIGNED		
NER NER DE VILLE	1		22c. PHYSICIAN'S NAME (Type)	DR. L. LO	OU VS MQU	LD	1068 NAT	IONAL HIG	H WAY, LA	VALE,	MARYLAND		
death. death. O FUN director, be filed		23a.	BURIAL, CREMATI DAOVAL (Specify)	ON. 23b. DATE THE	EOF 23	C. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town or	county)	ma (Stete)		
VR A1S (4)	1	24 1	UNERAL DIRECTOR	SIGNATURE	1	ADDRESS	25a, RI	EC'D BY REGISTRAL					
15M 7/61		-	Zamis.	Stein	enc.	(runt 1	3 2 DATE	MAY 21 '62	aril	wy S. The	u,s		

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE NEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution; Residence before admission) a. COUNTY Page b. COUNTY files. Health, Allegany Marvland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give nearest town) 씽 Rt. # 5 Cumberland. Cumberland, .82 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? funera D. O. A. Sacred Heart Hosp. Triple Lakes. YES NO X retained State 3. NAME OF Middle Month Year death. If and 3 to the f DECEASED OF the ELMER (Type or print) CHARLES LEASE JR. DEATH Mav 18. 1962 with 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. ss 1, 2, and 3 the page 5 may be 1 and 2 with 172 hours aff 32 yrs. Months White Male May 27. WIDOWED T DIVORCED te should be executed within 24 hours after ding" in pencil in Item 18. Give Pages 1, 2, a per's Office along with form PM3. Page 5 as a burial-transit permit. Fife pages 1 and in removal, and in any event within 72 ho 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Construction Co. Triple Lakes. Md. U. S. A. Truck Driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bessie Hart Elmer C. Lease 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or datas of service) Mrs. Geraldine Lease Rt. # 212-24-2417 Cumb. Md. MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ASPHYX TAT TON 5-8 Min-IMMEDIATE CAUSE (a) DUE TO TRAUMATIC COMPRESSION OF CHEST 10 Min. Conditions, if env. which (b) "pending" Examiner's (gave rise to immediate causa DUE TO (e), stating the undarlying pe nseq PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? cute the certificate, writing the word e forwarded to the Chief Medical E NO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury In Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Pinned in cab of run-away truck 3 irded to the Chief Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) 18,19 62 | While | Not While at work | at work factory, street, office bldg., etc.) Va. State forwarded to the L DIRECTOR: 2]. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion Undetermined manner death resulted from: Natural causes Accident X Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute should be for FUNERAL DEPUTY MEDICAL EXAMINER T May 18, 1962 EXAMINER'S Address (Streat, city, town, or county) Cumberland, Md. (State) Benedict Skitarelic, M.D. Addi NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 5/21/62 Q40 g Lease Cemeterv Cresaptown, Maryland Burial 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Chilling & Kraus VS. AISME Charles L. George Cumberland. Md. SM 9/60

RYLAND STATE DEPARTMENT OF HEALTH

SBS GH the personal and a series 44 4 4 4 5 THE PARTY OF THE P Versel . Der Telle . Old . Dat re with 1970 . At the description of the day and the order our sale to the contract the sale of the contract to the sale of the contract to the contract

TO HOS CLAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

So 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be execute VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05288

CERTIFICATE OF DEATH

05283

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission)										
* ALLEGANY MARYLAND	* MARYLAND b. CALLEGANY										
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)										
CUMBERLAND 3 DAYS	X CUMBERLAND										
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streel address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?										
3. NAME OF TAL HOSPITAL - CUMBERLAND, MD. RT. #5 TRIPLE LAKES											
3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year											
(Type or print) RICHARD WILLIAM	LEASE DEATH MAY 22. 19 62										
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN YOUR IF UNDER 1 YEAR IF UNDER 24											
MALE WHITE WIDOWED DIVORCED XX	SEPTEMBER 14, 1899 62 yrs. Months Deys Hours Min.										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?											
Steel Worker American Bridge, MARYLAND, Allegany U.S.A.											
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME										
WILLIAM LEASE	MARGARET MC KENZIE										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give wer or dates of service)	INFORMANT Address										
No 349-05-9097	MEMORIAL HOSPITAL - CUMBERLAND, ND.										
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH										
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)1	Melvoschoon										
420.0 DUE TO 15											
Conditions, if eny, which (b)	be flood asson										
(a), steting the underlying DUE TO	rise to immediate cause teting the underlying DUE TO										
cause last. (c) Corston de	comperation sec G () 2										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COURSE OF CONTRIBUTING CAUSE OF DEATH BUT NO COURSE OF CONTRIBUTING CONTRIBUTION CONTRIBUTION OF CONTR	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?										
YES NO NO											
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH											
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Hour a.m. WhileNot While											
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL While Not While fe work at work	A west a sure of the sure of t										
21. I certify that (I) (this hospital) attended the deceased from 672 , 1962 to 5727, 196. That (I) (we) last											
the deceased alive on											
226. DATE 226. D											
a Joseph / Morr	PHYS. DIRECTOR PHYS. D 5/25/62										
NAME (Type)											
DR. MGEQRGE 9. SIMONS	AUGONQUIN HOTELT CUMBERLAND, MD.										
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stote) BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 23b. DATE THEREOF (Stote) Complexity 10 (Stote)											
The state of the s											
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 2 8 '52 THE WAY 2 8 '52											
H. Wayne George, Cumberland, Md.											

D & G B A Y. ASTUJA STORY OF THE STORY OF Y+1+-)-11: 3 DAYS CUREEKLAND PERCRIAL NUSPITAL - CUI SERLAND, NO. 67. 35 TRIPLE LAKES PICHLID LETLE, RELECTED LEFSEN 22, . . . TALE MATE XX SEFTENCER 18, 1899 68 Street Washes and the first of the contract of PIELIAN CEASE MO KENZIE L = VELOTIVE HOSTITE - C. S. T.L. MID. HELD DISCUST TO THE PARTY OF TH The transfer of the same M. V. . We can the second of t all annitagando agrado rayer di

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after		O FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
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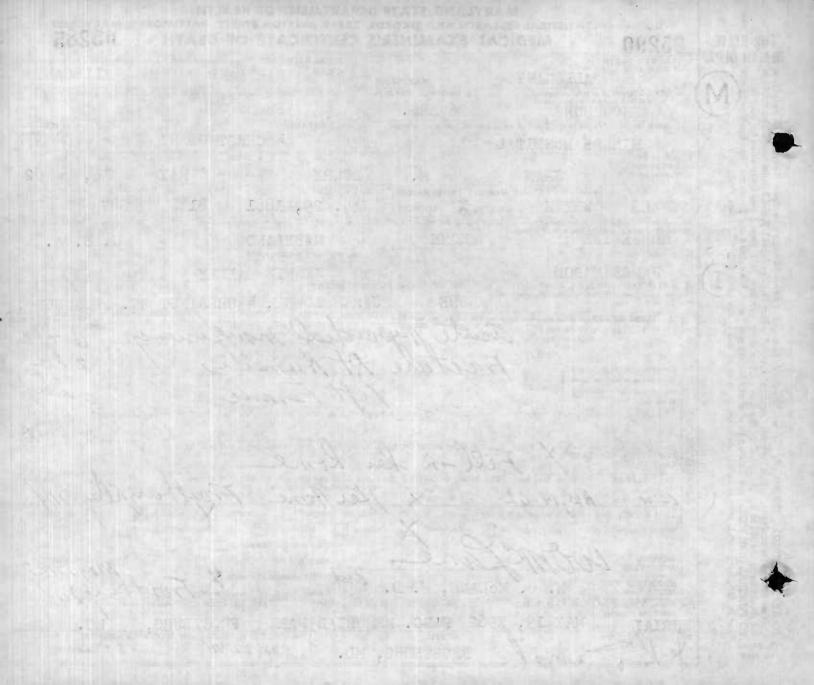
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		05289	OF STATISTICAL RE	SEARCH AND RECORD CERTIFICA	S, 301 W. PRES		BALTIMORE 1	0528	
M		PLACE OF DEATH			2. USUAL RESID	ENCE (Where decess	d lived, If Institutio	ns Residence b	efore edmissio
		LLEGANY		MARYLAND	MARYLAND		ALLEG	ANY	
		 b. CITY OR TOWN (i write RURAL end 	outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If outside corporate	limits, write RURAL	and give neer	est town)
^		UMBERLAND		16 DAYS	CUMBERLA	1			
0		d. NAME OF HOSPIT	AL OR INSTITUTION (if not in		d. STREET ADDRI	ESS			ON A FARM
333		NEMORIAL	HOSPITAL - CU	MBERLAND, MD.	1823 BEB	FORD STREET		1	ES NO
	3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Yeer
		(Type or print)	KATIE	L.	LIBLE	DEATH	MAY	22	19 62
	5.	SEX	6. COLOR OR RACE 7. MA	RRIED X NEVER MARRIED	B. DATE OF BIRTH		birthday) IF UND		UNDER 24 HR
		FEMALE	* 441 4 K 1 Pm	OWED DIVORCED	JANUARY 5.	1890 72	угз.		
	H)a do	ne during most of wor	ON (Give kind of work king tife, even if retired)	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE TO	County & State, or foreign	n country) 12.	CITIZEN OF W	HAT COUNT
		Houseke	eeper	At Home	CUMBER	LAND MARY	AND	U.S.A.	
-	13.	FATHER'S NAME):		14. MOTHER'S MAIE	DEN NAME			
	1		CHARLES E.	TRIBER	MARY E	. ALBRIGHT			
	15. (Ye	s, no, or unkown) (If	R IN U.S. ARMED FORCES? yes give wer or dates of service)		INFORMANT		Address		
		No		None M	MORIAL HOS	PITAL, CUME	BERLAND, 1		
			EATH Enter only one cause WAS CAUSED BY:	per line for (e), (b), end (c).]	. 1-	0	/		AND DEATH
		IM I	MMEDIATE CAUSE (+) 54	lock and burn	in , Inteste	ind Ussl	Mulion	11.	char
		IIIX	DUE TO	No 1. —	*		1	2	/
		Conditions, if eny	1-1	Netashlue Ca	unoma	Cerny	40	7	Jus.
		(e), stelling the ur		PI				1	
		cause last.) (c)	Colon					
1	OF N	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	RMINAL DISEASE CON	DITION GIVEN IN P.	ART 1(e) 19.	PERFORMED?
	Z.							YES	□ NO □
	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURE), (Enter neture of injury	In Pert I or Pert II of it	em 18.)		
			1						
	MEDICAL	20c. TIME OF INJUI			ACE OF INJURY (Home, tory, street, office bldg.,		own) (County)	(Stete)
	WE	p.m.	19 at	work et work	1:				
				tended the deceased from.		19.57, to	nn 22	19.6.3, that	(I) (we) I
			ed alive on	22 19 62 and tha	death occured at	M, Them the	causes and o	n the date	stated abo
		220. SIGNATURA	_R 1.	0	ATTENDING_		TAFF		22b. DATE SIGN
			elan Shus fu	ed A	A.D. PHYS.	DIRECTOR PI	HYS.		
		22c. PHYSICIAN'S NAME (Type)	DR. CARLTON	BRINSFIELD	401 DE	CATUR STREE	T, CUMBE	RLAND,	MD.
K	230	BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town or co	unty)	(Stete)
B		Burial	5/24/62	Hillcrest Bu	rial Park	Cumberl	and Ma	aryland	
1 35	24	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	25a.	REC'D BY REGISTRAR			
								S. Thank	

2 8 6 9 4 6 YMARBIDA CUMERTIN It D.Ac MERCHILLINGS ITAL - COMMERCIAN, NO. 1022 EFFOLD STREET Yal KITI: C' SOF EYHUNK CURERLAND, NARYLAND U.S.A. THOISELA . 1 YEAR CH RLLS L. T. 1 L. DEMORIAL HOSPITAL, CUMETRIAMS, NO. Short and Louis shall a charles the ship was and the stall 2000 DR. CARLTON BRINGFILLD POI DECOTOR STAILT, CHARLED, DO.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
05290 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05285
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission)
o. COUNTY ALLEGANY MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give neerest town) FROSTBURG 26 HRS. 22 FROSTBURG
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
MINERS HOSBITAL 4 CHESTNUT ST VES NO TA
3. NAME OF First Middle Last 4. DATE Month Dev Yeer
(Type or print) JEAN M. LOWRY DEATH MAY 16, 19 62
S. SEX 16. COLOR OR RACE T MARRIED TO MENTED 18. DATE OF BIRTH 19. AGE (IN YEARS LIF UNDER 1 YEAR LIF UNDER 24 HRS.
TANT OO TOOT Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if ratired)
HOUSEWIFE HOME MARYLAND U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
JAMES MASON JENNIE BAILEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
(Yes, no, or unkown) (Ifyesgive werordetesofservice)
NONE JAMES LOWRY, 4 CHESTNUT ST. FROSTBURG
PART I, DEATH WAS CAUSED BY: MERRAN IN STREET AND DEATH
IMMEDIATE CAUSE (6) Crowd proportion may fill the first the course of th
705.0 DUE TO FOR THE DE MAN DE
Conditions, if eny, which gave rise to immediata cause
(a), stelling the underlying DUE TO
cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
PAKE III, OTHER SIGNIFICANT CONDITIONS CONTINUED TO BEATH BUT NOT RELEATED TO THE TEXMINAL DISEASE CONDITION GIVEN IN PAKE 1(8) 19. WAS AUTOSY PERFORMED?
YES NO NO 20a, EXTERNAL CAUSE WAS 1 20b. DESCRIBE WWW INJURY OCCUBED. (Enter nature of injury in Part I or Part II of item 18.)
PRIMARY Or CONTRIBUTING X TON
Hour a.m. While Not While O factory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S W. O. McLANE, M. D. Address (Steel city love) or south Front for the city love or south from the city love of south city love of
NAME (Type) W. O. PICLIAINLY II. D. Address (Street, city, town, or country) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
REMOVAL (Specify) MAN TO TOPO THE DO THE DOCUMENT OF THE DOCUM
BURIAL MAY 19, 1962 F'BG. MEMORIAL PARK FROSTBURG. MD. 23/1 FUNERAL DIRECTOR / ADDRESS 1240. REC'D BY REGISTRAR'S SIGNATURE
WW 0 0 100 W 1
FROSTBURG, MD. DATE MAY 22 '62 Chilling & Thomas



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-	b.	CITY OR TOWN	if outside corporate limit	ts, c	LENGTH OF STA		c. CITY OR TO		de corpora	e limits, write			
	D	write RURAL end	give neerest town)		4 Yrs.		X mino	J Dos	1000				
X			TAL OR INSTITUTION (i	if not in hospile			d. STREET ADDI	RESS	NSON				a. IS RESIDE
									11				ON A FA
		AME OF ECEASED	First		Middle		Last		ATE	Monti	h	Day	Year
		ype or print)	Anna		Marion	1	Lvons		EATH	Ma.	U 7	37	1962
1	S. SE	EX	6. COLOR OR RACE	7. MARRIED			ATE OF BIRTH		9. A	GE (In years		YEAR	IF UNDER 24
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-		HOUSE W	ife					gany-	-Md.		U.	S.A	
	13. 1	ATHER'S NAME				14	. MOTHER'S MA	IDEN NAME					
		Samuel	Sheetz				Ame	nda.	Dick				
			ER IN U.S. ARMED FOR		CIAL SECURITY NO	O. 17. INF	ORMANT			Address			
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IO HOSP ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

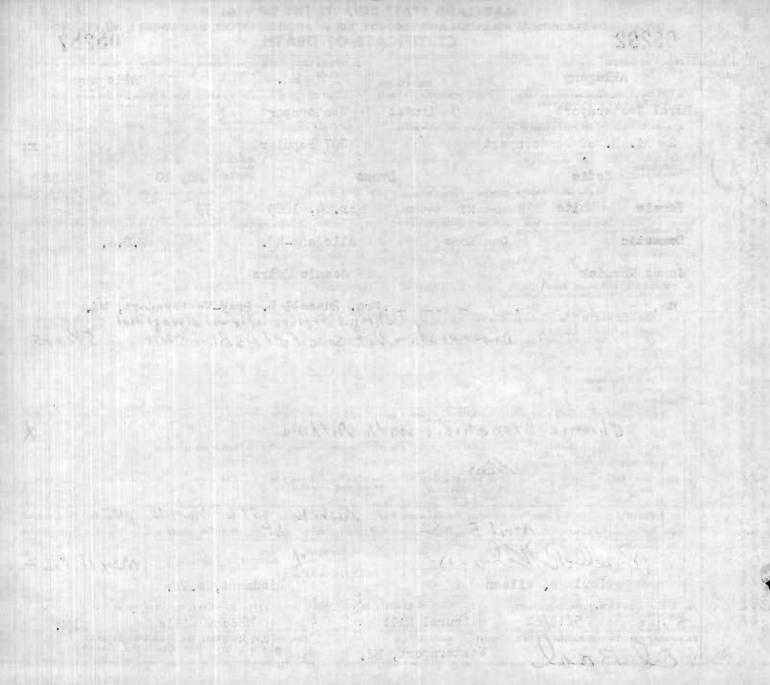
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funeral by the and 2 death. ely filled in b its. Pages 1 a hours after o papers. in 72 ho completely and cor *× remove ā Ф r attending physician. has been signed by the burial-transit permit. 8 0 DIRECTOR: After this c 3 should be detached for ò PUNE ector, 8058 VR A15 (4) 15M 7/61

CERTIFICATION

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05292 CERTIFICATE OF DEATH 05287 1. PLACE OF DEATH USUAL RESIDENCE (Where daceased lived, If institution; Residence before edmission) e. COUNTY Allegany b. COUNTY Md. Allegany MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Rural Westernport 5 Minutes Westernport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Mi. N. of Westernport 207 Popular YES NO 3. NAME OF Middle 4. DATE Month Year DECEASED Sadie (Type or print) Lyons DEATH May 10 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Female White Mar. WIDOWED KX DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Domestic Allegany-Md. Own Home U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Warnick Jeanie Keirs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Hyesgive wer or dates of service) Mrs. Russell L. Broy-Westernport, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Chronic Myo Condities and Myocondid INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Spacified As Rhoumstie IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate causa DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yeer 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) (County) factory, street, office bldg., etc.) Not While et work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from Mary 10 , 1957, to May 10 , 1902 that (I) (we) last1962, and that death occured at C.M., from the causes and on the date stated above. saw the deceased alive on APTILL 22b. DATE 22a. SIGNATU SIGNED ATTENDING. DIRECTOR May 11,1 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Paul Wilson Piedmont, W. Va. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Laurel Hill Moscow Mills Burial Md. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cirting S. Thous DATE MAY 1 4 '62 Westernport, Md.



	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Re	sidence before edmission)
	e. COUNTY	a. STATE b. COUNTY	egany
-	Allegany MARYLANI b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1		
	write RURAL and give nearest town)	X Lonaconing	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
		West Main Street	ON A FARM?
-	Fairview Street 3. NAME OF First Middle	Last 4. DATE Month	Day Yeer
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	done during most of working life, even if retired)		U.S.A.
+	Retired W.Va Paper M:	14. MOTHER'S MAIDEN NAME	0.00.0
1	With and Manchall	Rachel Smith	
ŀ	William Marshall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17		
	(Yes, no, or unkown) (If yes give war or detes of service)		ing, Md.
-	yes 1st W.War 217-03-2108M	mult fall	I INTERVAL SETWEEN
	PART I. DEATH WAS CAUSED 8Y:	ordine anest	ONSET AND DEATH
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	Conditions, if any, which) (b) Diabetes mellity	us, moderately severe.	??
	geve rise to immediate cause	moderatery severe.	
	(e), steting the underlying DUE TO ceuse lest. Arteriosclerotic	c cardiovascular disease, admied	2 2 200000
		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(e) 19. WAS AUTOPSY
			PERFORMED?
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	🖳 200. ACCIDENT WAS UNDERLYING 🖂 206. DESCRIBE HOW INJURY OCCU	URED. (Enter nature of injury in Pert I or Pert II of item 18.)	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH UT THER. NOTHER. MEDICAL EXAMINER	JRED. (Enter nature of injury in Pert I or Pert II of item 18.)	YES NO NO
- 1	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, ferm, 20f. (City or town) (Coun	
١	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. Hour e.m.		
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. While Not While et work 19 et work 19	PLACE OF INJURY (Home, ferm, 20f. (City or town) (Counfectory, street, office bldg., etc.)	ty) (Stete)
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١	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. While work 19 19 et work 21. I certify that (I) (this hospital) attended the deceased from the deceased alive on 5 March 1962, and the deceased service of the	PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, street, office bldg., etc.) 20f. (City or town) (Countectory, etc.) 20f. (City or town) (City or t	(Stete) 22, that (I) (we) last the date stated above. 22b. DATE
١	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. While of work 20e. While of work 21. I certify that (I) (this hospital) attended the deceased from the deceased alive on 5 March 1962, and the deceased successful attended the deceased from the deceased alive on 5 March 1962, and the deceased successful attended the deceased from the deceased alive on 5 March 1962, and the deceased successful attended the deceased from the deceased successful attended the deceased successf	PLACE OF INJURY (Home, ferm, 20f. (City or town) (Counfectory, street, office bldg., etc.) om. 12 July , 19 60 to 2 May , 19 60 that death occured a 20MPMom the causes and on the strength of the country of the causes and on the strength of the causes and on the strength of the causes and on the strength of the causes and on the causes and on the strength of the causes and on the causes are caused the causes and on the causes are caused the causes and on the cause are caused the cause are caused the cause are caused the cause are caused the caused the cause are caused to the cause are caused the ca	(State) 22, that (I) (we) last ne date stated above. 22b. DATE
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	20c. TIME OF INJURY Month, Dey, Yeer While Not While et work 20e. 21. I certify that (I) (this hospital) attended the deceased from the deceased alive on 5 March 1962, and the deceased alive on 5 March 22e. SIGNATURE 22c. PHYSICIAN'S NAME Type ed Van Ormer, M. D.	PLACE OF INJURY (Home, ferm, 20f. (City or town) (Counfectory, street, office bidg., etc.) om. 12 July , 19 60 to 2 May , 19 60 that death occured al. 20MP Mom the causes and on the country of the cou	(Stete) 22, that (I) (we) last ne date stated above. 22b. DATE 5/4/62 Land Maryland
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Loneconing, Md.

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Allegany

e. IS RESIDENCE ON A FARM?

YES NO

19

INTERVAL BETWEEN

ONSET AND DEATH

10 hrs.

PERFORMED? NO X

(Stete)

and in my opinion

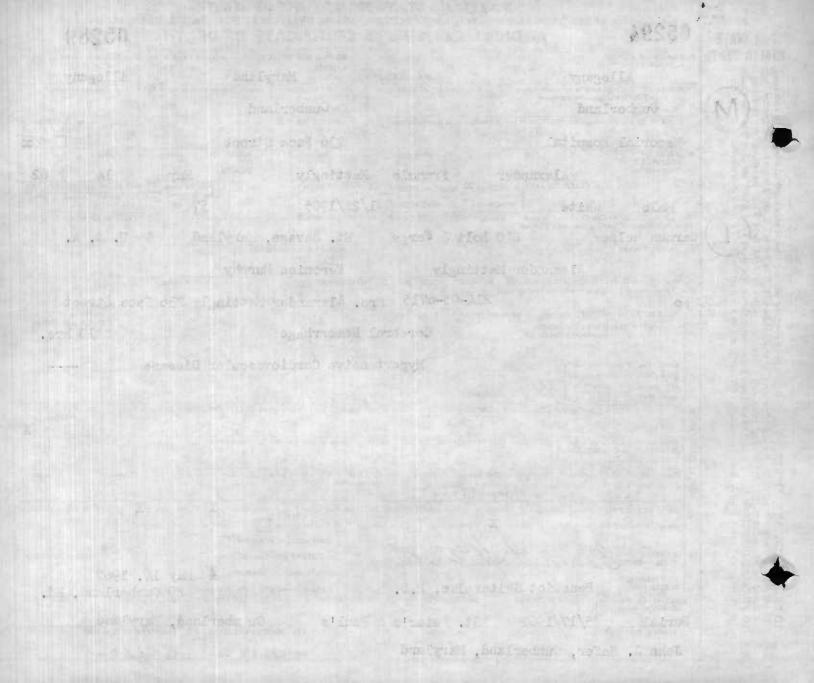
DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

(County)

IF UNDER 24 HRS



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) a. COUNTY Page a. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. writa RURAL and give nearest town) Vour ō CUMBERLAND 50 YEARS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE for ON A FARM? uld be executed within 24 hours after death. If any constitution in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral National Actions with form PM3. Page 5 may be retained for FURNACE STREET retained he State B FURNACE STREET YES NO X 3. NAME OF Middle 4. DATE Month DECEASED OF (Typa or print) DEATH EMMA McCOY 19 MAY 62 within 72 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Min. Hours WIDOWED yrs. 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, evan if retirad) HOUSEWIFE OWN HOME MARYLAND USA 13. FATHER'S NAME JERMIAH LONG EVELYN WILLS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yas, no, or unkown) | (If yes give war or detas of sarvice) Office along with any certificate should be executed ANDREW G. McCOY CUMBERLAND, MARYLAND 18. CAUSE OF DEATH [Entar only one cause par lina for (a), (b), end (c).] INTERVAL BETWEEN burial-transit SUDDEN PART I, DEATH WAS CAUSED BY: CORONARY OCCLUSION IMMEDIATE CAUSE (a) CORONARY SCLEROSIS Conditions, if eny, which (b) gava rise to immediate cause "pending" DUF TO (e), stating the underlying Medical Examiner SE causa last. should be used cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, writing the word NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Pert I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. Chief 3 age to bu 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 Month, Day, Year 20f. (City or town) (State) factory, streat, office bldg., etc.) Whila Not While Hour a.m. to the at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion MEDICAL forwarded to Natural causes Undetermined manner death resulted from: Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 May 29, 1962 Addrass (Street, city, town, or county) R9 Cumberland. Md. SKITARELIC, M.D. NAME (Typa) DEPU 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 240 p JUNE 1,1962 WINCHESTER, VA. MT. HEBRON CEMETERY 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME BYRON KIGHT CUMBERLAND, MD. arthur & Kroug 5M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . COUNTY LEgany a. STAMarvland b. couling egany MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Wildland Nice neerest town) Midland 5 filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE papers. Pagin 72 hours a ON A FARM? YES NO completely 3. NAME OF First Middle Lest DATE Dey Year 5/6/1962 DECEASED MEYERS JOSEPHINE Μ. DEATH (Type or print) 19 within and con 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH Months | Days Hours event, Female WIDOWED T DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Frostburg, U.S.A Hiueswife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Mary ann Durkin James McGann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Midland, MD. Mr. John Meyers None hospital or attending physician. certificate has been signed by the (Husband) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit DUE TO Conditions, if eny, which (b) geva rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CATION as 0 PERFORMED? prior 20b. DESCRIBE HOW INJURY OCCURED. (Effler nature of injury in Part I or Part II of item 18.) CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER detached 20c. TIME OF INJURY Month, Dev. Year 2Dd. INJURY OCCURRED I 2De. PLACE OF INJURY (Home, ferm, 1 2Df. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While MEDI Hour a.m. et work et work p.m. Pe 21. I certify that (I) (this hospital) attended the deceased from I certify, 196. that (I) (we) last pluods saw the deceased alive on. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. TO FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREON (State) REMOVAL (Specify) St. Michaels Cemetery Frostburg, 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Thous 162 15M 7/61 George Eichhorn Lonaconing MD.

death certificate be

The law requires that the

PHYSICIAN:

bmivral f/21/15/13 Jenule Mitte Erosching, Mis. elimeendi. Mr. Walm Meyers Midland, In. eno.

George Lichnorn Longconing PEL ..

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE hours Allegany
b. CITY OR TOWN (if outside corporate limits, 12 t MARYLAND Maryland Allegany
OR TOWN If outside corporate limits, write RURAL and give nearest town) by th C. LENGTH OF STAY IN 16 write RURAL and give nearest town) days Frostburg 2 Frostburg O uays
d. NAME OF HOSPITATOR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS Miners Hospital 114 Maple Street completely 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) CECTT. EDGAR MICHAEL. DEATH 5 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) and Months 7-25-1892 WIDOWED DIVORCED 69 yrs. certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Construction Laborer Garrett County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 5 attending Nathan Thomas Michael Frances Dawson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address Frostburg, Md. requires that the (Yes, no, or unkown) | (If yes give war or dates of service) 114 Maple St. 219-03-8586 Mrs. Edgar Michael. None 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION use 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m DIRECTOR: 21. I certify that (1) (this hospital) attended the deceased from 25 19/22, and that death occured and I m. M, from the causes and on the date stated above. saw the deceased alive on ... 22a. SIGNATURE ATTENDING MED. PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) FUND filed v HOS 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify) OH 5/28/62 Frostburg Memorial 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Buriel 24 FUNERAL DIRECTOR'S SIGNATURE Hafer Funeral Home VR A1S (4) Main.Frostburg.Md

e. IS RESIDENCE ON A FARM?

YES NO X

Year

IF UNDER 24 HRS.

25th 19 62.

Hours

ONSET AND DEATH

PERFORMED? NO

(Stete)

22b. DATE

(State)

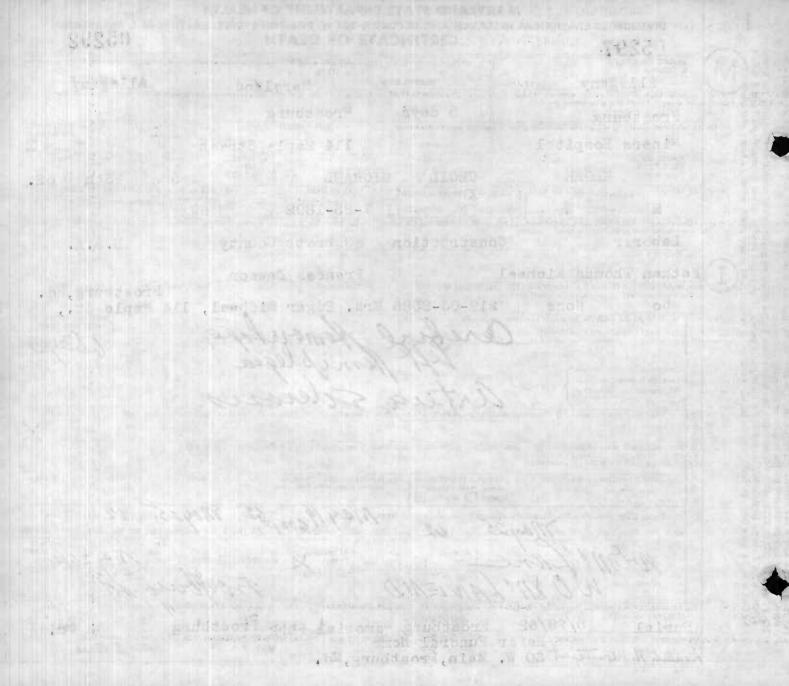
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12. CITIZEN OF WHAT COUNTRY?

U.S.A.

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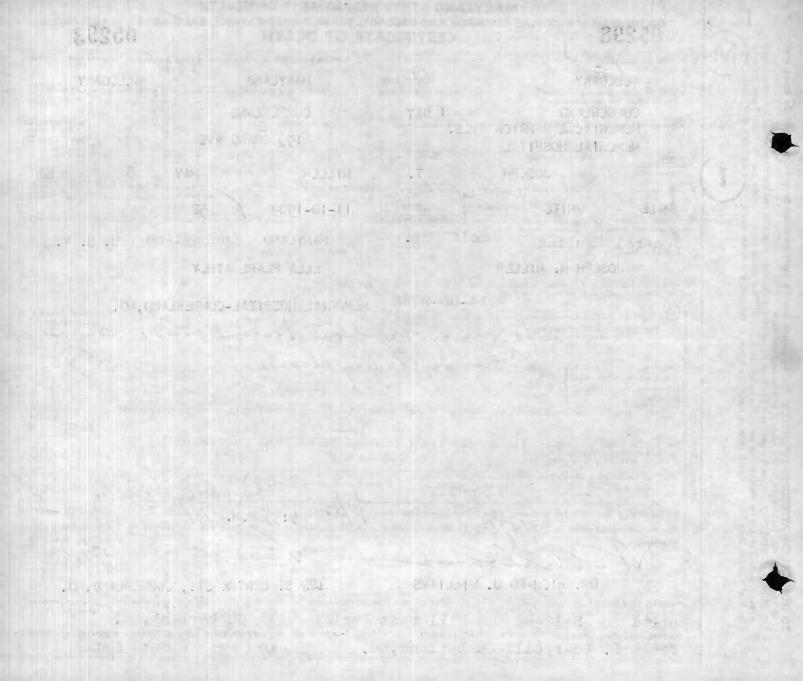
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05298 CERTIFICATE OF DEATH

PLACE OF DEATH	1 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission
e. COUNTY	a. STATE b. COUNTY
ALLEGANY MARYI	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Y IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CUMBERLAND I DAY	02 CUMBERLAND
d. NAME OF HORREST OR INSTITUTION THE BOY Street addre	e. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL	19½ GRAND AVE YES NO ME
. NAME OF First Middle	Last 4. DATE Month Dey Year OF
(Type or print) JOSE PH T.	MILLER DEATH MAY 8 19 62
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Machine Days Hours Min
MALE WHITE WIDOWED X DIVORCED	Months Days Hours Mann
0a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	
done during most of working life, even if retired) Self Emp.	MARYLAND Cumberland U.S.A.
General Hauling Bell Emp. 3. FATHER'S NAME	MARYLAND Cumpertand U.S.A.
JOSEPH M. MILLER	ELLA PEARL ATHEY
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	O. 17. INFORMANT Address
Yes, no, or unkown) (Hyes give wer or detes of service)	A VENODIAL HOODITAL CHURCH AND LO
NO SIGNO SIGNO	MEMORIAL HOSPITAL-COMDERLAND, MD.
PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
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Conditions, if any, which	orley suraxe of 2.
gave rise to immediate cause (e), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO
	OCCURED. (Enter nature of injury in Pert I or Pert II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20e PLACE OF INJURY (Home, farm, ' 20% (City or town) (County) (Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, 204, (City or town) (County) (Stete)
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Hour e.m. p.m. 19 While Not While at work et work	factory, street, office bldg., etc.) Cumberly Celle May
21. I certify that (I) (this hospital) attended the deceased	d from 37759 9-349 p. Mio 5/8/6 2 19 that (1) (we) la
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vision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give negrest town) Lonaconing Lonaconing d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? East Main Street YES NO T East Main Street Stafe 3. NAME OF Middle 4. DATE Year DECEASED OF William Moffatt (Type or print) DEATH 14 May 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH may 2 wit last birthday) Months | Devs December 12,1896 Male White WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) County Road Dept Laborer Pekin. Maryland U.S.A. pages | within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Moffatt Martha Sourbrine se along with form Pal-transit permit. File 1 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or detesof service) Mrs.William Moffatt Lonaconing, Md. 1B. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c).] "Wife" ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (e) DUE TO SCLEROSIS pinc CORONARY Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying uld be used a PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pinods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 1B.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL Month, Dey, Yeer 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy A. Inspection T. Inquiry X and in my opinion Natural causes Accident Suicide Homicide Undetermined manner death resulted from: cute th. CHIEF MEDICAL EXAMINER DATE SIGNED o DEPL slease execute should be for FUNERAL I May 14. 1962 EXAMINER'S SKITARELIC, M.D. Address (Street, city, town, or county) CUMBERLAND, MD. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE (State) 22d. LOCATION (City, town, or country) ďak 5 g 4 6 ō Cemetery Lonaconing. Md. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME George Eichhorn Lonaconing, Md . DATMAY 1 8 '62 Cirthur & Kraus

102894 desute mank dank result miss that the Talk the doubt the second the sec - Unit December 18,1896 65 Laborer wounty tond Dept Peting and station agrical yes West I Mr. William North to Longonine, Md. .s. of any and a sound a series The state of the little descent of Topogette, the George Sightern Lossenhing, MG

ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give nearest town) 5 DAYS CUMBERIAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Z completely HOSPITAL 3. NAME OF DATE Dey Middle Month Yeer DECEASED OF (Type or print) DEATH 62 NICKEL 19 VTRGTI 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days DIVORCED WIDOWED physician USUAL OCCUPATION (Give kind of work BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) working life/leven if retired) MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and ARABELLE GULLERY HENRY NICKEL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? moval, 16. SOCIAL SECURITY NO. 17. INFORMANT Address unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc. While Not While Hour e.m. at work at work p.m. (c...19. (c.), and that death occured a MANA, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING STAFF /SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CREMATION 23d. LOCATION (City. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 0 '62 Cirthur & Krous

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE HFAITH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY Page b. COUNTY Allegany files. Marvland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. 6 write RURAL and give neerest town) 2 Cumberland. Cumberland. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE jo ON A FARM? 708 Frederick St., 708 Frederick YES NO X State 3. NAME OF Middle DECEASED OF (Type or print) EDWARD COLUMBUS PAUGH DEATH 19 62 Mav with 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Male WIDOWED T DIVORCED nould be executed within 24 hours after "in pencil in Item 18. Give Pages 1, 2, a "in pencil in Item with form PM3-Rage 5 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) U. S. A. Electric Plt. Opr. Gormer, Md. Potomac Edison pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Paugh Pearl Scott 0 = 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Cumb. (Yes, no, or unkown) | (If yes give we ror detes of service) Office along with for burial-transit permit amoval, and in any e 214-10-3927 Mrs. Montra S. Paugh 708 Frederick 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION. IMMEDIATE CAUSE (a) DUE TO removal CORONARY SCLEROSIS. Conditions, if eny, which (b) gave rise to immediate causa Examiner's DUE TO 35 (a), steting the underlying cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ! 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While at work | et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry X and in my opinion should be forwarded FUNERAL DIRECT death resulted from: Natural causes X. Accident . Suicide . Undetermined manner Homicide CHIEF MEDICAL EXAMINER May 5, 1962 designated DATE SIGNED ASSISTANT MEDICAL EXAMINER Rt. # 9 DEPUTY MEDICAL EXAMINER X Benedict Skitarelic M.D. Address (Street, city, town, or county) Cumberland, Md. NAME (Type) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g 5/8/62 Hillcrest Burial Park Cumberland. Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Cumberland, Maryland H. Wayne George arthur S. Flower 5M 9/60

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ARYLAND STATE DEPARTMENT OF HEALTH ISIAMOF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution, Residence before admission) . COUNTY ALLEGANY b. COUNTY ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 writa RURAL and giva nearest town) 58 DAYS CUMBE RLA ND FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION APROPRIES ONE WORLD d. STREET ADDRESS a. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL ROUTE BOX AVES. YES NO 3. NAME OF Middla Last DATE Month Day Year DECEASED (Type or print) DEATH PERRY POLAND MAY 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months MALE WHITE WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) COAL MINER-RETIRED MAKYLAND U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH POLAND NANCY CLARKE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yes, no, or unkown) | (If yas give war or dates of sarvica MEMORIAL HOSPITAL. CUMBERLAND. MARYLAND 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiate causa tie Cordio- vosculor- Renal Disson (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING TI DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Parl I or Part II of item 18. 2Db. OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) White Not While Hour a.m. at work at work 19 6 2 that (1) (we) last 19 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on 8 may 19.6 and that death occured 1.5AM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23a BURIAL CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stata) F'BG.MEMORIAL PARK FROSTBURG. MD.

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS FROSTBURG. MD.

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DATE ME

Jullan & Kanes

ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05298 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY h COLINTY by the ALLEGANY MA RYLAND MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 61 DAYS CUMBERLAND **CUMBERLAND** a. IS RESIDENCE d. NAME OF HOLE MORA INSTITUTION AIRO INCHAPITALVESITAGE address d. STREET ADDRESS ON A FARM? YES NO -MEMORIAL HOSPITAL THOR VIRGINIA AVE. npletely 3. NAME OF 4. DATE Middle Year Month DECEASED OF (Typa or print) DEATH LOUISE PORTMESS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH last birthday) Months | Days FEMALE WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) ONTARIO, CANDDA U. S. A. Ownhome Housewife please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and JOHN MC KENZIE LOUISE FIELDS 5. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Hyes give war or dates of service) MEMORIAL HOSPITAL - CUMBERLAND. MD. No None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediata cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO FRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, farm, ' 20f, (City or town) (County) Month, Day, Year 20d. INJURY OCCURRED | factory, street, office bldg., etc.) While Not While Hour a.m. p.m attended the deceased from.....10:10 21. I certify that (1) (this hospital) saw the deceased alive on. 22a. SIGNATURE STAFF GNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S HIMMELWRIGHT VIRGINIA AVE., CUMBERLAND, MD. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0: 28 REMOVAL (Specify) Cem. Lyberger Buffalo Mill Pa. Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 arthur & Krays James F. Scarpelli Cumberland. Md. DATE

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5304 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence bafore edmission) e. COUNTY b. COUNTY ALLEGANY MINERAL MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) DAYS PATTERSON CREEK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL PATTERSON CREEK YES NO X NAME OF 4. DATE Middle Month DECEASED VIRGINIA BELLE RATCLIFF MAY 62 (Typa or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lastoinhday) WIDOWED 7 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lifa, avan if retired) HOUSEWIFE WEST VIRGINIA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HIRAM RIGGLEMAN MILLIE KESNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or dates of servica) CUMBERLAND, MARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata cause (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) Month, Day, Yaer factory, streat, offica bldg., etc.] While Not Whila Hour e.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on. ATTENDING 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S W.F. WILLIAMS 122 S. CENTRE STREET, CUMBERLAND, MD. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Burial Chaneysville Cemetery Chanevsville. Pennsylvania ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE arthur S. Thous John J. Hafer, Cumberland, Maryland DATE

4. 63 G1: MARINE TOSTITUE - EUREROSTO, INTENTED PMEGUINE. 3.4 .RC 122 S. CLITAL STEELS, INSEL LE

John J. Barer, Cambardand, Maryland

M	1.	PLACE OF DEATH					2. USUAL RESIDE	NCE (Where de			nce before	e dmission
IAI			legany		MAD	YLAND	a. STATE Mam	land	b. COUN	ATT ATT	egany	
		b. CITY OR TOWN (ii	foutside corporate lim	its,	c. LENGTH OF ST		c. CITY OR TOWN		orete limits, write			wn)
			rland				Cumberlar	nd 02	2			
X		d. NAME OF HOSPIT	AL OR INSTITUTION	(if not in ho	spitel, giva street add	dress)	d. STREET ADDRES					A FARM
		107 Elder	Street				107 Eld	ler Stre	et		YES [NO
		NAME OF DECEASED	First		Middle		Lest	4. DATE	Month	Da Da	Y Yea	3r
		(Type or print)	Thom		Walter		Reckley	DEATH	May	26	19	62
	5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRI	IED 8.	DATE OF BIRTH	9.	AGE (In years last birthday)	Months Deys	Hours	R 24 HRS.
		Male	White	WIDOWI	hand		ctober 11,		84 yrs.			
	10a do	 USUAL OCCUPATI ne during most of wor 	ON (Give kind of working life, even if retire	k 10b, K ed)	CIND OF BUSINESS C	R INDUSTRY	11. BIRTHPLACE (Co	unty & Stete, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY
		etired Eng	ineer	B&c	O Railroad	d	Kifer, Ma	ryland		U. S	. A.	
T	13.	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
4	1	Charles M	. Reckley				Margaret I	laab				
	(Ye	s, no, or unkown) (If	R IN U.S. ARMED FO	service)	SOCIAL SECURITY	NO. 17. 11	NFORMANT		Address			
	No	19 CRUSE OF D	PATH II	17	05-07-6893	3 Mr	. Walter A.	Reckle	y, L 07 1	Elder St	. Cuml	b, Md.
			EATH [Enter only one was CAUSED 8Y:	e ceuse per	1-		0				NSET AND	
			MAMERIATE CALLER (-)									
		1120	MMEDIATE CAUSE (a)	un	me au	man	y ocelus	2000	Marin.		1/20	m
		420,	DUE TO		to do	(/ /		0		120	m
		Conditions, if eny,	which DUE TO	(c)	tunky	(/ /		6		136	ou an
		Conditions, if eny, gave rise to immedia (a), stefing the un	which (b)	(c)	tunles	(Jearonary to all		ls.		136	acy.
A	z	Conditions, if eny, gave rise to immedie (a), steting the unceuse lest.	which (b) DUE TO (c) DUE TO (c)	a	tunky	n's	Caronery	nem	•	VPN IN PART I(a)	13C	les
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٥	CERTIFI	Conditions, if eny, gave rise to immedie (a), stefing the unceuse lest. PART II. OTHER 2Da. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUS Hour e.m. p.m. 21. certify the	DUE TO which the ceusa iderlying SIGNIFICANT CONDI SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; RY Month, Day, Ye 19 nat (I) (this hospi	THONS COLUMN 20b. DES	TELONIES MITRIBUTING TO SEA SCRIBE HOW INJURY INJURY OCCURRED Not While TR et work	TH BUT NO OCCURBO.	CE OF INJURY (Home, for ry, street, office bldg., e	nPert I or Part II rm, 2Df. (City tc.)	of item 18.) or town)	(County)	YES That (I)	(Stete)
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FOR STATE	MEDICAL EXAMINER	S CERTIFICATE OF DEATH ()5	301
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	sidence before admission)
× 8 ×	a. COUNTY Allegany MARYLAND	a. STATE Maryland b. COUNTY Al.	legany y
(VEFES	b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If outside corporata limits, write RURAL and	
director your	write RURAL and give neerest town) Mt. Savage Life	X 354 Carrage	
Soard dire	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Mt. Savage	. IS RESIDENCE
			ON A FARM?
funeral funeral faired State Easth.	3. NAME OF First Middle	Last 4. DATE Month	Day Year
o the o the ser de	(Type or print) HOWARD THOMAS RICE	OF DEATH May 6, 1962	19
生から生き!	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 Y	
de la	TO THE TAX THE	last birthday) Months D	ays Hours Min.
ther 5 al d 2 hor	Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	Dec. 29, 1922 39 yrs.	EN OF WHAT COUNTRY
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	done during most of working life, avan if retired)		
hou . P . P . P . hin	Allegany Ballistics Laboratory	Mt. Savage, Md.	USA
My Wil			
Vithin 8. Giv form I if. File event	George Rice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Emma Crawford	
18. 18. 19. 19.	(Yes, no. or unkown) ((Ifyes give war or detas of service)		הזת
ted with with	Yes WW2 42-45 218-12-5746 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Mrs. Howard Rice, Mt. Savage	
in I in I	DART I BEATH WAS CAUSED BY	COGLIGION	ONSET AND DEATH
alo alo	IMMEDIATE CAUSE (a) CORONARY	C OCCLUSION	SUDDEN
d b d b iice	720./ DUE TO	ARY SCLEROSIS	
Jour Se Court	Conditions, if any, which gave rise to immediate cause	TUT DOTTETODED	
ling ling er's as a	(e), stetling the underlying DUE TO		
fica min ed a	cause lest. (c)		
red "pe in Exam be use nation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO SECURE OF DEATH BUT NO SECURE OF DEATH OF CONTRIBUTING CONTRIBUTIONS CONTRI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
his d wor	3		YES NO
Aedinoul	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	(Enter nature of injury in Part I or Part II of Item 1B.)	
NE NE I			
Chiji O b		LACE OF INJURY (Home, farm, 20f. (City or town) (Count actory, street, office bldg., atc.)	(State)
XA He v. v	Hour a.m. p.m. While Not While st work at work		
Dri Pri	21. I certify that I took charge of the remains described above,	held an Autopsy X, Inspection X, Inquiry X,	and in my opinion
CA ded ded out,	death resulted from: Natural causes . Agrident . Su	icide . Homicide . Undetermined manner	
DIO O O O O O O O O O O O O O O O O O O	1 0 1	CHIEF MEDICAL EXAMINER	
MED use the forward forward forward asted as	SIGNATURE Tenediet Skilaroli	A ASSISTANT MEDICAL EXAMINER	DATE SIGNED
execution of the state of the s	EXAMINER'S	DEPUTY MEDICAL EXAMINER May 6, 1	.962
DEPUT IN Sease execture should be for FUNERAL its designate	NAME (Type) BENEDICT SKITARELIC, M	.D. Addrass (Streat, city, town, or county) Cumberla	nd. Md.
DEI shou FUI	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
0 g 4 0 p	Burial May 9,1962 St. George	Episcopal Cty. Mt. Savage,	Ma.
VS. A15ME	23 FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
5M 9/60 8	Harvey N Legger Hyndman,	Pa. DATE MAY 11'62 Cirthun 8.1	halls
(1)			

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thin 24 hours after death. Let may be retained by the hospital or attending physician.

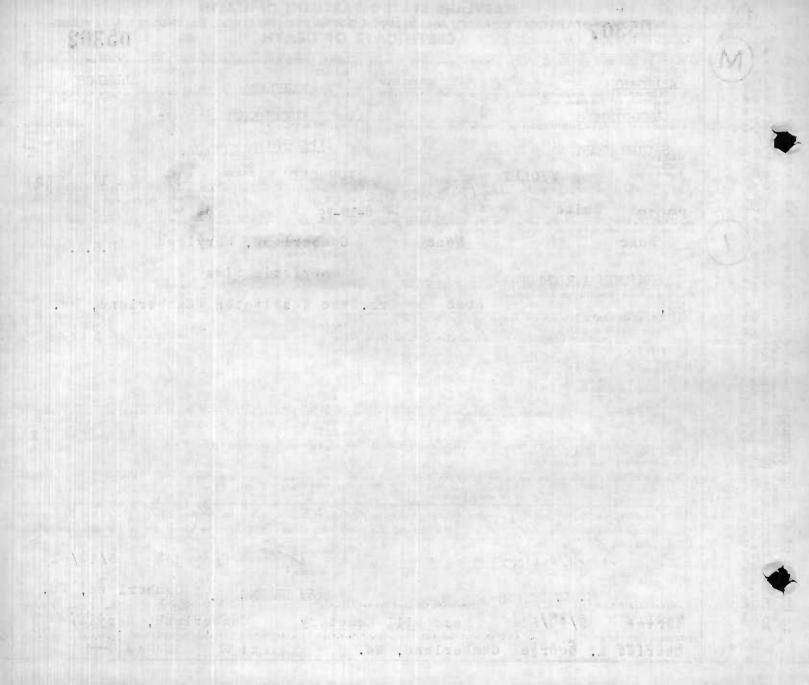
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in To hours after death

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1531)2

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)						
	a. STATE b. COUNTY ALLEGANY						
A.L.E.GANY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	MADVIAND						
CUMBERTAND	02 CUMBERLAND						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
SACRED HEART First Middle	4. DATE Month Dey Yeer						
DECEASED (Type or print) VIOLET	D T C UMOND DEATH 10						
7712	TO DATE OF SHATH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 FIRS.						
White WIDOWED TO DIVORCED TV	8-10-70 82 yrs. Hours Min.						
C CALL A L. P.	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
done during most of working life, even if retired)							
None None	Cumberland, Maryland U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
DENTAMEN A DECIMOND	Crissie Sims						
15. WAS DECEASED EVER IN 0.5. AKMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give wer or detes of service)	INFORMANY Address						
	s. Mae Washington Cumberland, Md.						
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: LUCANT COL	ONSET AND DEATH						
IMMEDIATE CAUSE (6) MELON COL	cer squis						
DUE TO							
Conditions, if any, which (b)							
gave rise to immediate cause (e), stating the underlying DUE TO							
cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?						
	YES NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTIN	ED. (Enter neture of injury in Pert I or Pert II of item 18.)						
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20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PI Hour a.m. White Not White et work et work et work	ctory, street, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the deceased from	Anne 23, 1961, to May 17, 194/, that (1) (we) last						
	at death occured at						
22e. SIGNATURE	22b. DATE						
Y. The and	M.D. ATTENDING MED. STAFF PHYS. SIGNED						
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS						
DR. L. BRINGS	57 GREENE ST. Cumberland, Md.						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
Burial 5/19/62 Rose Hill	Cemetery Cumberland, Maryland						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Charles L. George Cumberland, M	Id. DATE KAY 21 '62 Chiller S. Thous						
	I VAILE						



of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND ALLEGANY director. b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) FROSTBURG FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? STREET YES NO 3. NAME OF Middle DATE Last Year DECEASED OF (Type or print) MAR DEATH ${
m RIZER}$ 8TH 19 MAY with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Hours WIDOWED 23rd,1905 DIVORCED 6 yrs. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages USA MARYLAND HOUSEWIFE HOUSEWORK pages Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARGARET LASHBAUGH THOMAS EISENTROUT File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgive werordetes of service) MRS.MARSHALL FROSTBURG, MD. 219-44-0100 CATON.JR., 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN along transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary Embolism, Massive Sudden IMMEDIATE CAUSE (e) DUE TO Mural Thrombus, Right auricle Conditions, if eny, which gave rise to immediate cause Examiner's DUE TO (e), steting the underlying of Lower Extenuties cause lest nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION PERFORMED? 8 YES X NO pinous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18,) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Pur 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, ferm, Month, Dev. Year 20d. INJURY OCCURRED 20f. (City or town) (County) age (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work CIOR: 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner DIREC CHIEF MEDICAL EXAMINER the ACTUAL DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S plnods . MCLANE NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) BURIAL F'BG. MEMORI D40 9 FROSTBURG MD. 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE ADDRESS VS. A15ME 5M 7/59 FROSTBURG. arthur & thrown

RYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY files. Health, b. COUNTY. Allegany Allegany Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give neerest town) Cumberland Cumberland Lifetime d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Por d. STREET ADDRESS Boal ar death. If any direct 247 Virginia Memorial Hospital retained he State B death. 3. NAME OF Middle 4. DATE Month DECEASED with the (Type or print) May Robertson DEATH Dorothy E. 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 2 with last birthdey) Months s 1, 2, and age 5 ms 1 and 2 72 hour WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (Stete or foreign country) Page done during most of working life, even if retired) 24 ht. Cumberland, Maryland Restaurant Cook form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ould be executed within 24 in pencil in Item 18. Give Mable V. Cage Charles H. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgive wer or detes of service) Mrs. Donald O. Shoemaker Oldtown, Md. Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). 2 PART I. DEATH WAS CAUSED BY: CERVICAL VERTEBRAE FRACTURE OF removal, and IMMEDIATE CAUSE (e) DUE TO This certificate should (Automobile Accident) Conditions, if eny, which (b) We the certificate, writing the word "pending" geve rise to immediate cause Examiner's (DUE TO (e), steting the underlying be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179, WAS AUTOPSY CERTIFICATION Medical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) certifice... arded to the Chieser Tector. Page 3 should be burial, of PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. On Automobile Collision 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) Month, Dev. Year fectory, street, office bldg., etc.) et work et work Rt. 3.5 Mi.East of Cumberland 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X forwarded to DIRECTO Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER May 18. SKITARELIC, M.D. Address (Street, city, town, or county) Cumberland. NAME (Type) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) S REMOVAL (Specify) ₽40 9 5-21-62 Burial Hillcrest Burial Park Cumberland. 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Inthus L. Mrsus VS. A15ME Scarpelli Funeral Home Cumberland. Md. 5M 9/60

LARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE

YES NO X

19

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

42 Min.

PERFORMED?

Allegany

and in my opinion

DATE SIGNED

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USA

IF UNDER 24 HRS.

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ON A FARM?

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8 7 ml - 01 - 050 The second secon THE RESERVE AND ASSESSMENT OF THE PROPERTY OF

death. To FUNDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-chould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hin 24 hours after TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

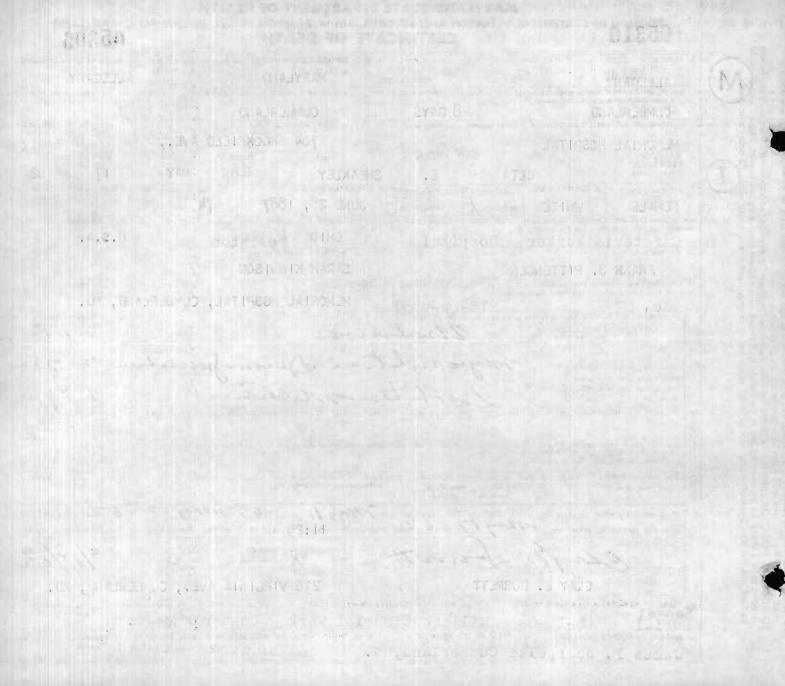
TO HOSP

VR A1S (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05305

1. PLACE OF DE	EATH		2. USUAL RESIDEN				ca before	admission)
ALLEG	AAIV	MARYLAND	. STATARYLA	ND	b. COUN	ALLEG	ANY	
	WN (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orata limits, write	RURAL and give	nearast lov	wn)
write RURA	L and give nearast town)		1 ")					
CUMBE		8 DAYS	ON CUMBE					
d. NAME OF H	HOSPITAL OR INSTITUTION (if not in hos	spital, give street eddress)	d. STREET ADDRESS					A FARM?
MEMORIA	AL HOSPITAL		704 Bi	ROOKFIE	LD AVE.,			NO
3. NAME OF	First	Middle	Last	4. DATE	Month	Day	Yas	or .
(Type or print)	ELTA	E. SI	HEAKLEY	OF	MAY	17	7 19	62
S. SEX			DATE OF BIRTH	10		IF UNDER 1 YEAR	17	R 24 HRS.
J. JLA	6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED D			last birthday)	Months Days	Hours	Min.
FEMALE	WHITE WIDOW	DIVORCED _	JUNE 28, 18	0/	(4 yrs.	7,,011112		7.41.11
On. USUAL OCC	CUPATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	inty & Stata, or	foraign country)	12. CITIZEN	OF WHAT	COUNTRY
~ ~ .	of working life, even if retired)	anital	OHIO IN	ellsto	20	U.S.	Α.	
3. FATHER'S NA		ospital	1 14. MOTHER'S MAIDEN		111		., .	
			SARAH KIN					
	NK J. PITTENGER	COCIAL SECURITY NO. 1 CT		1413014	4.47			
	ED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1			Addrass			
No		18-30-058T	MEMORIAL	HOSPITA	L, CUMBE	RLAND, N	0.	
	OF DEATH [Enter only one cause per	line for (a), (b), and (c).]				IN	TERVAL BE	TWEEN
PART I.	DEATH WAS CAUSED BY	Mraln	us.			Of	VISET AND	17/2
11-7) IMMEDIATE CAUSE (a)	0000-7-	- 00					
700	DUE TO	the same of t	1.		9	1	7 - 1	4
	fany, which (b)	yoursen	si DA	com	peres	- Cham	-	0
	mmediate cause DUE TO	11 11		17			, .	
cause last.	(c)	pertes	- Mel	elu	2		/	12
PART II. C	OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(a)		AUTOPSY
2							Name of Street	ORMED?
PART II. C	The state of the s		15	D . 1 D . 1	1 2 1 10)		YES	NO X
OR CONTRIBU	NT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURED	, (Enter nature of injury in	Part I or Part I	l of item 15.)			
	OTIFY MEDICAL EXAMINER)							
20c. TIME OF			CE OF INJURY (Homa, far		y or town)	(County)		(Stata)
Hour a	at was	8 7101 111110	ory, street, office bldg., at	c.,				
	p.m. 12		11. 1	10/005	201-1. 1	7 / -		
21. I certi	ify that (I) (this hospital) atten	ided the deceased from	May 11	19 5 ,< to	, , , , , , , , , , , , , , , , , , ,	, 19. 6 2,-	fhat (I)	(we) las
saw the de	eceased alive on.	17.19. 6., 2 and that	deeth ockure 25t	AM.M, fron	the causes	and on the d	late state	d ebove
220. SIGNAT							22	b. DATE
	Olast. ~!	wwest "	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	-	1/8	16ne
22c. PHYSICI		1	22d. ADDRESS				/	
NAME	(Type) CLAY E. DURRET	IT	236 V	IRGINIA	AVE. C	UMBERLAN	D. M).
	THE PART THEFOR	LOS MANE OF CENTERS						
REMOVAL (Sp		23c. NAME OF CEMETERY			ATION (City, tov	444	(2	Stata)
Burial		Hillcrest Bu	rial Park	Cumb	erland	, d.		
4 FUNERAL DIRE	ECTOR'S SIGNATURE	ADDRESS				SISTRAR'S SIGNA		
James	F. Scarpelli Ci	umberland, Md	DATE	MAY 22	62	irilar S. H	CALLED .	
o ames	T. DOGT POTTE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INVIE					



MARYLAND STATE DEPARTMENT OF HEALTH PIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Pennsylvania county Bedford by the Allegany MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) þ Buffalo Mills Rural minutes hours after Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital RD#1 YES NO XX and completely carbon papers. 3. NAME OF Middle 4. DATE Month Dey DECEASED OF (Type or print) DEATH 19 62 Shoup Frank 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Male dambirthday) Feb. 29,1912 Months Devs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if cetired)
Engineer on B&O USA Hyndman, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cora Lybarger Luther Shoup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas give war or dates of service) ills, Pa. 217-10-6057 Burralo Shoup 18. CAUSE OF DEATH [Enter only one cause per line for ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K use 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) Por OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work to....., 19...., that (I) (we) last D. 19 and that death occured at /s. saw the deceased alive on.... may 22b. DATE 22e. SIGNAJURE SIGNED ATTENDING MED. PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME AType director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 4.1962 Lybarger Cemetery Buria poress Iv naman, 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE PUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur & Though 15M 7/61 DATE

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the law requires that the death certificate be executed in 24 hours after ending physician.	S TOWN THE RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral standard or use as the burial-transit permit. Then please remove carbon papers pages 1 and 2 constants.	cremation, or removal, and in any event, within 72 hours after death.
HYSICIAN: The hospital or att	s certificate has	prior to burial,
OR ATTENDING PI	IRECTOR: After this	State Dept. of Health
TO HOSPIT	TO FUNERAL D	be filed with the
1	R A15	60

	DIVISION OF STATISTICAL RESI	RYLAND STATE DEL EARCH AND RECORDS,	PARTMENT OF 301 W. PRESTON		RE 1, MARYLAND
	05312	CERTIFICATE	OF DEATH		05307
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE		nstitution: Residence before edmission)
	Allegany	MARYLAND	e. STATE Marylar	ad b. coun	Allegany
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16			RURAL end give nearest town)
	Cumberland		02 Cumberland	l	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
2	821 Buckkingham Road, Dir				ingle YES NO K
٥.	DECEASED (Type or print)	Middle	Last	OF Month	Day Year
5.	Duncan	Lindley	Sloan	DEATH May	13 19 62 IF UNDER 1 YEAR IF UNDER 24 HRS.
	7. MAI	THE TEN MINISTER TO		last birthdey)	Months Days Hours Min.
10a	Male White WIDO	b. KIND OF BUSINESS OR INDUSTR	April 3, 1874	& State, or foreign country)	
-	ne during most of working life, even if retired)				
13.	etired Judge At	ttorney at Law	Pekin, Mary	AME	U. S. A.
	James M. Sloar		Ella Freder	ni ek	
15. (Ye			NFORMANT	Address	
,,,	NO	NONE Mrs	. D. Lindley	Sloan 821 Buc	kingham Rd.
	18. CAUSE OF DEATH [Enter only one cause p	per line for (a), (b), and (c).]	()		INTERVAL BETWEEN ONSET_AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Corcinoma	of heck	, primary	15 MONTH
	199X DUE TO	0.1	11.	1 - 1	
	Conditions, if any, which (b)	SIM U	udetermin	red (167.)	
	(a), steting the underlying DUE TO				
z	PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	I DISEASE CONDITION GIVE	N IN PART 1(a)) 19 WAS AUTOPSY
CERTIFICATION	arterior le tri	Ca diamandel	ac Disa-0		PERFORMED?
IIFIC/	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED.	. (Enter nature of injury in Pa	rt I or Part II of item 18.)	THE LINE PE
CERI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL		Dd. INJURY OCCURRED 200-PLA		20f. (City or town)	(County) (State)
MEDICAL		hile Not White factor	ory, street, office bldg., etc.)		
	21. I certify that (I) (this hospital) at	tended the deceased from		52, to 5 1.13	5, 19.62, that (I) (we) last
	saw the deceased alive on	ay 12 1962, and that	death occurred at	M, from the causes	and on the date stated above.
	22a. SIGNATURE	11 m	ATTENDING ME		5/14/62 22b. DATE SIGNED
	22c. PHYSICIAN'S S G WE	ISMAN M	D 22d. ADDRESS D 59 GK	PEENE ST	CUMBERLAM
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	rn or county) (State)
E	REMOVAL (Specify)	Frostburg Memo	orial Park	rostburg. Mar	yland
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25- BEC'D	OV DECISTRAD SEL DEC	SISTRAR'S SIGNATURE
	John J. Hafer Cumberlan	id, Maryland	DATE	1 6 '62 an	thus S. Kraus

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	death. A 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	age	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dearth.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05313 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) FROSTBURG DAYS MT. SAVAGE. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? HOSPITAL DUTCH HOLLOW YES NO X 3. NAME OF First Middle 4. DATE Month Day Yeer DECEASED OF (Type or print) SHIRLEY DEATH J. SMITTH 21ST 19 62 MAY 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CELANESE CORP. USA Opr.Service Dept. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NORMAN PAULTNE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no. or unknwn) | (If yes give wer or dates of service) SAVAGE, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH INF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. 22b. DATE 22e. SIGNATURA ATTENDING \ SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 22 MCLANE E. MAIN ST. FROSTBURG. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a BURLAL, CREMATION, | 23b. DATE THEREOF (State) BURIAL (Specify) ST. GEORGE'S CEMETERY 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS K Wurst DATE MAY 2 8 '62 arthur & Thous

1 A CAMER AND A CONTROL OF THE PROPERTY OF THE P MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO TO

1962

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO T

> > (State)

SIGNED

U. S. A.

Year

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1.	PLACE OF DEAT	гн			TACTOR OF	2.	USUAL RESIDE	NCE (Where			on: Residenc	a bafore admis
	a. COUNT	AL	LEGAI	NY	MARY	LAND	a. STATE	ARYLA		OUNTY	ALLEC	ANY
	b. CITY OR TOWN	(if outside corporate of give neerest t	orate limits,	1	LENGTH OF STA	AY IN 1b	c. CITY OR TOWN	(If outside co	rporata limits,	write RURAL	L end give n	aarast town)
	FR	OSTBUR	G		17DAYS		12 F	ROSTB	URG,			
	d. NAME OF HOS	PITAL OR INSTIT	TUTION (if i	not in hospita	al, give streat add	ress)	d. STREET ADDRES	S				e. IS RESIDE
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	ona during most of				OF BUSINESS OF	K INDUSTRY	II. BIRTHPLACE (C	ounty & State,	or totalgh coul	niry) 12.	CITIZEN OI	WHAI COOL
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	as, no, or unkown)							TT TNO			IN ST	.,F'BG
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z	Conditions, if a gave rise to imme (a), stating the causa last.	IMMEDIATE C.	DUE TO (b) DUE TO (c)	La Contro	MICH ALLEN TO DEAT	9 mc	a of t	WINAL DISEAS	HE CONDITION	N GIVEN IN F	PART 1(a) 15	2 /1
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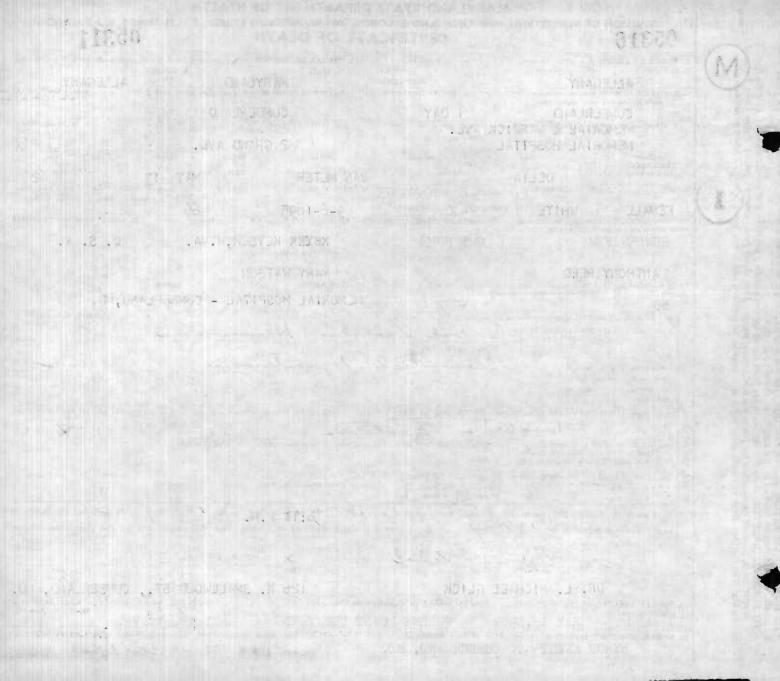
MARYLAND STATE DEPARTMENT OF HEALTH

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-	100	U5316 CERTIFIC	CATE OF DEATH	118611
		PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, I	
		ALLEGANY MARYLA	MA RYLAND	ALLEGANY
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, wr	ite RURAL end give neerest town)
0		CUMBERLAND I DAY	02 CUMBERLAND	
1		d. NAME OMESSIGN ARINS THE WARRY CK hospite give street address	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
		MEMORIAL HOSPTTAL	2 GRAND AVE.	YES NO X
		NAME OF First Middle DECEASED	Last 4. DATE Mor	
		(Type or print) DELIA G.	VAN METER DEATH MAY	13 19 62
I	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday	months Days Hours Min.
1	10	FEMALE WHITE WIDOWED X DIVORCED	9-6-1895 66 yrs.)
	do:	a. USUAL OCCUPATION (Give kind of work pine during most of working life, even if retired)		y) 12. CHIZEN OF WHAT COUNTRI
	12	HOUSEWIFE OWN HOME	KEXXX KEYSER, W. VA.	U. S. A.
	13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15	ANTHONY REED. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MARY WATSON 17. INFORMANT Addre	
		es, no, or unkown) (Ifyes give wer or detes of service)	MEMORIAL HOSPITAL - CUMBE	
		NO NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	PEPONTAL HOST TTAL - COMBL	I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	saular Hemomliage	ONICET AND DEATH
		2 2 1 1		
		OST X DUE TO	2 Hypertension	unla
		Conditions, if eny, which geve rise to immediate cause		
1		(e), steting the underlying DUE TO cause last.		
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	SIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
1	CERTIFICATION	Dealette Fred	entre:	YES NO
	TIFIC		CURED. (Enter neture of injury in Pert I or Pert II of item 18.)	
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	CAL		e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (Stete)
	MEDICAL	Hour e.m. p.m. 19 While Not While et work et work		
		21. I certify that (I) (this hospital) attended the deceased	rom 12 hear 42 p 18 , 10 12 he	19.63 that (I) (we) la
		saw the deceased alive on 13 may 1962 and	that death occured at	s and on the date stated above
		22e. SIGNATURE		22b. DATE SIGN
		I muleauf Glade	M.D. ATTENDING MED. STAFF	
,		22c. PHYSICIAN'S	22d. ADDRESS	
		NAME (Type DR. L. MICHAEL GLICK		T., CUMBERLAND, MD
	234	Ia. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	TERY OR CREMATORY 23d. LOCATION (City,	town or county) (State)
	B	BURIAL MAY 16,1962 QUEENS P	DINT CEMETERY KEYSER,	
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. I	
		BYRON KULHT CUMBERLAND, MD	DATE #UR 6 '62	arthur S. Kraua

thin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



RYLAND STATE DEPARTMENT OF HEALTH

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a Top		05318 CERTIFICATE OF E	DEATH 05	313
urs aft	N	1. PLACE OF DEATH e. COUNTY ALLEGANY MARYLAND 2. USUAL R e. STATE	RESIDENCE (Where decessed lived, If institution: Residence (Where decessed lived, If it is	dence before admission) EGANY
by the	1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OF	PR TOWN (If outside corporate limits, write RURAL and gi	
hin Med in ages 1	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET	FROSTBURG,	e. IS RESIDENCE ON A FARM?
etely from 2 hour		MINERS HOSPITAL 3. NAME OF First Middle Lost		YES NO NO
execu comple on pap thin 7		DECEASED (Type or print) Ea RASTUS WEIC S. SEX 16. COLOR OR RACELY, MARRIED TO MERCE OF RIEL S. SEX		TH, 19 62
icate be	1	MALE WHITE WIDOWED DIVORCED JUNE 21	ND. 1884 9. AGE (In years IF UNDER 1 YE/ Months Day	
ysician emove	1	done during most of working life, even it ratirad)	ACE (County & State, or foreign country) 12. CITIZEN NSYLVANIA	USA
ing ph ease r		13. FATHER'S NAME 14. MOTHER'S	S MAIDEN NAME	USA
the deathending the pl		JOHN C. WEICHT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyes give war or datas of service)	CE CORNELL Address	
s that an. y the y the mit. T		no 215-10-8002 CHARLES 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	WEICHT, WESTERNPORT,	MD INTERVAL BETWEEN
equire: physici med b sit per		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Orterio - Sclerolic Ca	udio bascular disease	ONSET AND DEATH
law rading peen sign			disease	3 years 1
r after has be e buril urial, c	1	(a), stating the underlying cause last.		0
CCIAN pital o ificate a as th		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
he hos lis cert for us h prio		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTR	of injury in Part I or Part II of item 18.)	110 [] 110 []
ING I d by the Affer the ached f Healt		Continue of Injury Month, Day, Year 20d. Injury Occurred 20e. PLACE OF Injury (factory, street, office at work at wo) (Stata)
TEND retaine OR: / be det			1962 to 5-13 1967	that (I) (we) last
R AT RECT hould			red at 107M, from the causes and on the	
AL O		AC Duell M.D. ATTENDIN PHYS.	DIRECTOR PHYS.	5/14/6
DSP?Z. A		NAME (Type) IT OF TATELY	W. MAIN ST., FROSTBUR	G, MD.
death death direct direct be file		23s. Burial, Cremation, 23b. Date thereof Removal (Specify) 5/16/62 Zion Cemetery	23d. LOCATION (City, town or county) Clearville, Bedford	(State) L Penn
VR A1S (4) 15M 7/61			15a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
	1.	(3) our resum willy	MAY 15 62 Circling & Mas	14.4

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MARYLAND STATE DEPARTMENT OF HEALTH

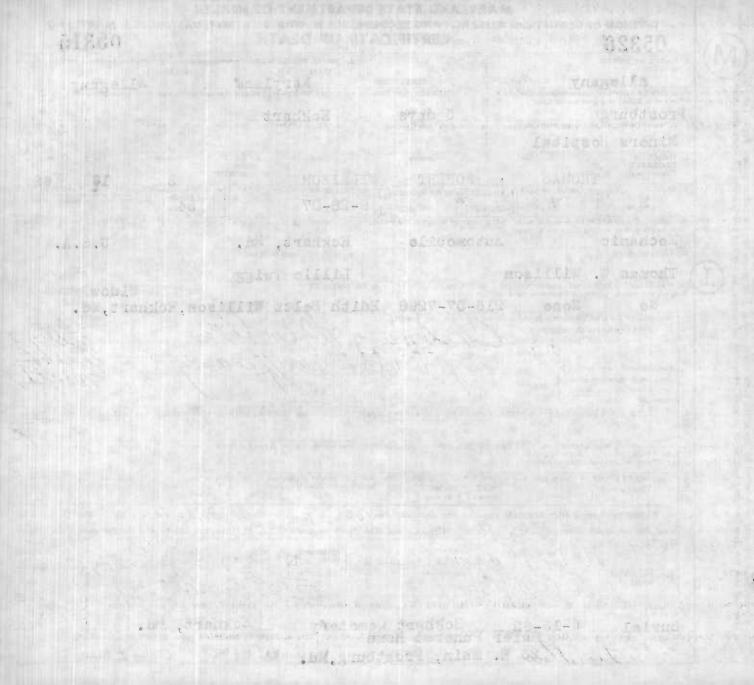
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE OF DEATH 2. USUAL RESIDENCE (Where dacaesad lived, If Institution: Residence before edmission) HFALTIL DEPT. 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY files. Health, MARYLAND Allegany Allegany Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporeta limits. director. write RURAL end give nearest town) OUF Cumberland Cumberland d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO TH retained he State E Henderson Avenue Sacred Heart Hospital 3. NAME OF 4. DATE Month Dev Yaer DECEASED to the OF the (Type or print) DEATH 19 62 Wilk Mav Angela 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 2 with last birthday) age 5 may 1 and 2 will 72 hours a Months Days Hours 8, 1899 Female White WIDOWED DIVORCED June 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) dona during most of working life, avan if ratired) in pencil in Item 18. Give Pages Office along with form PM3. Pages At Home U.S.A. Housekeeper Maryland pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William McDonough Frances Farrell File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 303 Decatur Street (Yes, no, or unkown) | (Ifyesgivawarordalesofservice permit. Mrs. Patrick R. McGeady Cumberland, Maryland No any 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] Office along v burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OCCLUSTON CORONARY IMMEDIATE CAUSE (a) SUDDEN certificate should be DUE TO removal, Conditions, if eny, which CORONARY SCLEROSIS "pending" gave rise to immadiate cause S 10 DUE TO (e), stating the undarlying SB Examiner ò cause last. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Pe the word XYIS XX NO Medical EXAMINER: This plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Day, Year factory, street; office bldg., atc.) Not While Hour am at work | et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry X and in my opinion 5 0 O MEDICAL ute the certification of forwarded to the DIRECTOR CI Suicide Undetermined manner death resulted from: Natural causes X Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL E ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER XX May 15, 1962 SKITARELIC, M.D. Address (Street, city, town, or county) Cumberland, NAME (Type) TO DEPL 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, REMOVAL (Specify) 240 9 Maryland Burial Peter & Paul Cemetery Cumberland REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur & Kraye Ruth E. Silcox Cumberland Maryland DATE 5M 9/60

AND STATE DEPARTMENT OF HEALTH

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	05320 CERTIFICAL	TE OF DEATH	0531	5)
ソー	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where decess o. STATE Maryland c. CITY OR TOWN (If outside corporate	b. COUNTY	
61	Frostburg 5 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Miners Hospital	Eckhart d. STREET ADDRESS	and the second second second	IS RESIDENCE ON A FARM?
	S. NAME OF First Middle DECEASED (Type or print) THOMAS ROBERT W	Last 4. DATE OF DEATH	Month Dey	Yeer 19 62 NDER 24 HRS.
10	M WIDOWED DIVORCED DIVORCED DOWN LINE WARRING WORK LINE KIND OF BUSINESS OR INDIVISION OF BUSINE		Months Deys Hou	urs Min.
9	Mechanic 3. FATHER'S NAME Automobile	Bckhart, Md.	U.S.	Α.
	Thomas W. Willison 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (lives give were or deless of service) No None 216-07-7298 E 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Lillie Twigg INFORMANT dith Beltz Willise	INTERVA	L BETWEEN AND DEATH
	Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	komsyfere	eg sen	edf,
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I		YES [AS AUTOPSY ERFORMED? NO
		ED. (Enter neture of injury in Pert I or Pert II of		(State)
MEDICAL	Hour a.m. p.m. 19 While Not While at work 21. I certify that (I) (this hospital) attended the deceased from	ctory, street, office bldg., etc.)		
	saw the deceased alive on 11 1962 and the 22e. SIGNATURE	at death occured at		
/	22c. PHYSICIAN'S NAME (Type) Wom Clane	22d. ADDRESS 12021 bus	6 my	116
23	REMOVAL (Specify) Burial 5-13-62 23c. NAME OF CEMETER Eckhart Ce	_ /	on (City, town or equalty)	(Stete)



D 1		TT	em to fil	西 514 6-			ND STATE			
- 70 TO	The		05321	OF STATISTIC	AL		CERTIFICA			DN STREET, BA H
funeral should	IXI		PLACE OF DEATH					2. USUAL		CE (Where dacaased I
hours the find 2 s				FGANY			MARYLAND		MARY	LAND
4 7 4 4			o. CITY OR TOWN (if write RURAL and	outside corporata lingive nearest town)	nits,	c. LEI	NGTH OF STAY IN 18	c. CITY	OR TOWN (I	f outsida corporata lim
hin 2 led in after	12		CUMBERLAN			3	DAYS	C	UMBERL	AND
ihin 2 ihin 2 ily filled in 1s. Pages 1 ihours affer	600		I. NAME OF HOSPIT	AL OR INSTITUTION	(if no	t in hospital, gi	ve street address)	d. STRE	ET ADDRESS	
3. ₹ Joh				EART HOSPI		[.		306	BEALL	KX STREET
npletely papers.			NAME OF DECEASED	Fir	st		Middla	Las	1	4. DATE OF
			Type or print)	MARY			A	WOLFE		DEATH
e be exe and com carbon p		S.	SEX	6. COLOR OR RAC	E 7.	MARRIED N	EVER MARRIED	B. DATE OF BI		9. AGE (I
- E G +		H	EMALE	WHITTE	W	DOWED Y	DIVORCED	AUG 7.	1886	75
certificete physician a		10a	USUAL OCCUPATE	ON (Giva kind of wo	rk	10b. KIND OF	BUSINESS OR INDUS			ty & Stata, or foreign
certification of the signal of		GOT	Housewif		rea)	Ownhon	e		27.COD TYPE	DOTUTA Ch
the deeth c ettending ph Then please r	-	13.	FATHER'S NAME	200	'				R'S MAIDEN	
deeth nding p please and in	(T)	10	CHODOR	A IZIOUGE						Milten
e d	4	15.	WAS DECEASED EVE	A KNOUSE	OR CE S	16. SOCIAL	SECURITY NO. 17.	INFORMAN	LECE	MITTOEII
that the in. the ette nit. Then removal,		(Yas	NO (H	yesgiva warordateso	fservic	(9)	one			
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by cie				WAS CAUSED BY:	ia Cau	// A		atrois	,	
requires physicia igned by nsif perm				MMEDIATE CAUSE (1)	CNA		NTI CL	, pr	imary Righ
			170x	DUE TO	0					
e law ending been s rial-fra crema			Conditions, if any,)(o				500	A COLUMN TO SERVICE
E = = = .			gave rise to immedia (a), stating the un	DITE TO	0					
0 =			causa last.) (0)(
	0	NO	PART II. OTHER	SIGNIFICANT CON	OITIO	S CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE CONDITI
		Y								
54 8 L		CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING	, 20	b. DESCRIBE H	OW INJURY OCCUR	ED. (Enter natura	of injury in f	Pert I or Pert II of itam
がただ。また		ซ ี	OR CONTRIBUTING							
NG by ffer t ched		3	20c. TIME OF INJUR	Y Month, Day, Y	aar	20d. INJURY		LACE OF INJUR		
ATTENDIN oe retained CTOR: Affild be detac		MEDICAL	Hour a.m.				of Whila	actory, street, off	ce bldg., atc.)
TEN Tetai		2	p.m.	19	. 1			5/23		10/2. 5/4
E SE					5/	2 151	e deceased from	/	0:	1962, to 1/3
当の世			saw the decease	ed alive on	···-f	· · · · · · · · · · · · · · · · · · ·	.19.9, and th	at deeth occ	ured aR	M, from the c
OR OR OR OR OR OR OR OF OR OF OR OF			22a. SIGNATURE	0. 16	4	0		ATTEND		AED. STAF
AL AL			-	00 4	76.	my y		M.D. PHYS.		PHYS
SRA Pag with	,		22c. PHYSICIAN'S NAME (Type)			, ,		22d. A	1 -	
No to be	1			DR. LEO L	EY					6 N CENTER
death.	0	23a	BURIAL, CREMATIC	DN, 236. DATE TH	EREOF	23c.	NAME OF CEMETER	Y OR CREMATO)RY	23d. LOCATION (
54549	1		Rurial	5-28-	62			& Pau		
VR A15 (4)	00		FUNERAL DIRECTOR	S SIGNATURE	1	Tumber	land, Md.			'D BY REGISTRAR 2
15M 7/61	17	Ui	ames F.	ocar herr	الما	oumber	Treestage & INTER .		DATE M	av 31 '62

	05327	N OF STATISTICA	L RESE		FICAT			T, BALTIM	ORE 1, M	ARYLA 153	AND 16	
1.	PLACE OF DEA	TH				2. USUAL RESID	ENCE (Where da			idence ba	fora a di	mission)
		LEGANY		MAR	YLAND	a. STATE	RYTAND	b. COUN		T TOVI A P	ATSE	
	b. CITY OR TOWN	N (if outside corporata limited and give nearest town)	ts,	c. LENGTH OF ST	AY IN 1b		/N (If outside corp	orata limits, write	RURAL end g	LEGAI	st town)	
	CUMBERLA	IND		3 DAYS		CUMBE	RLAND					
	d. NAME OF HOS	SPITAL OR INSTITUTION (f not in hos	pital, give street add	dress)	d. STREET ADDR	ESS			0.	IS RES	IDENCE FARM?
		HEART HOSPIT	'AL			306 BEA	LLEX STR	EET		YE	S 1	NO T
3.	NAME OF DECEASED	First		Middla		Last	4. DATE	Month		Day	Year	-
	(Type or print)	MARY		A		WOLFE	DEATH	MAY	25		19 6	2
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARR	IED B.	DATE OF BIRTH	9.				INDER 2	
	FEMALE	WHITE	WIDOWE	DIVORC	ED A	UG 7.1886		75 yrs.	Months Da	ys Ho	urs	Min,
10	. USUAL OCCUP	ATION (Give kind of work working life, even if retire	10b. K	IND OF BUSINESS C	R INDUSTRY	11. BIRTHPLACE (C	County & Stata, or	foreign country)	12. CITIZE	N OF W	HAT CO	UNTRY?
U	Housew	1 (3		nhome		TATIFICADI	WTDO THE A	Short	Con	0 4		
13	FATHER'S NAME		-		1	4. MOTHER'S MAIL	VIRGINIA DEN NAME	DITOTO	Gay,	S.A.		
	CEODO	TOTOTON					W: 7	tenber	aar			
15		E A KNOUSE EVER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY	NO. 17. IN	FORMANT	1VL 4	Addrass	861			-
(Y	NO No. or unkown)	(If yes giva war or dates of s	ervice)	None								
		DEATH [Enter only one	causa ner l		(c))	CHART				INTERVA	AL RETW	/FFN
	Conditions, if a gave rise to imme (a), stating the causa last.	ediate causa		larcin	great	ireis,	orimary	Right B	reast	ONSET	AND DE	
CERTIFICATION		HER SIGNIFICANT CONDI				RELATED TO THE TE			EN IN PART 1	(a) 19. W	PERFOR	TOPSY MEDZ,
	OR CONTRIBUTION	G CAUSE OF DEATH FY MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF IN Hour a.m p.m		While			OF INJURY (Home, y, street, office bldg.		or town)	(County	r)	(\$	itata)
		that (I) (this hospit				deeth occured a		the causes	and on the	thet dete :	(I) (w stated	re) last above
	22a. SIGNATUR	Lew Ho	len	2	M.D	ATTENDING	MED. DIRECTOR	STAFF PHYS.		./	22b.	DATE SIGNED
	22c. PHYSICIAN		1	V		22d. ADDRESS				/		
	MANUE (1)	DR. LEO LE	Y				456 N CEN	VIER STR	EET			
23	BURIAL, CREMA REMOVAL (Spaci			23c. NAME OF			23d. LOC.	ATION (City, to	vn or county)		(Stat	ta)
	Burial	5-28-6	2		eter &	Paul Ce		berland	-			
77	ames F.	Scarpelli	. Cum	berland,	Md.		MAY 3 1 '6		rihun &			
						DATE	MAI		a. I	Maria		

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